

Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health



SAMHSA
Substance Abuse and Mental Health
Services Administration

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U.S. Department of Health and Human Services
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Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) presents *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*. The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by SAMHSA, within the U.S. Department of Health and Human Services. The 2022 NSDUH used multimode data collection, in which 71,369 respondents aged 12 or older completed the survey in person or via the web. Estimates based on multimode data collection in 2022 are not comparable with estimates from 2020 or prior years. Although estimates can be compared between 2021 and 2022, this report presents NSDUH estimates from 2022 only.

The 2022 report includes selected estimates by race and ethnicity, in addition to estimates by age group. SAMHSA is committed to using data and evidence to fulfill the mission of promoting mental health, preventing substance misuse, and providing treatments and supports to foster recovery while ensuring equitable access and better outcomes. NSDUH is a vital data tool that supports SAMHSA's mission and aligns with SAMHSA's vision to guide stakeholders in developing policies and programs so that people in the United States who have, are affected by, or are at risk for mental health or substance use conditions receive care, achieve wellbeing, and thrive.

Key findings from the 2022 NSDUH are highlighted as follows:

Tobacco Product Use or Nicotine Vaping in the Past Month

- In 2022, 7.3 percent of adolescents aged 12 to 17 (or 1.9 million people) used tobacco products or vaped nicotine in the past month.
- In 2022, 73.2 percent of adolescents aged 12 to 17 who used nicotine products in the past month only vaped nicotine products and did not use tobacco products.

Alcohol Use in the Past Month

- Among the 137.4 million current alcohol users aged 12 or older in 2022, 61.2 million people (or 44.5 percent) were past month binge drinkers, and 16.1 million people (or 11.7 percent) were past month heavy drinkers.
- Among people aged 12 or older in 2022, Asian people (10.3 percent) were less likely to be binge drinkers in the past month compared with people in other racial or ethnic groups.

- Among people aged 12 or older in 2022, White people were more likely to be heavy alcohol users in the past month (6.6 percent) compared with Hispanic (5.1 percent), Black (4.2 percent), or Asian people (1.9 percent). Asian people were less likely to be heavy alcohol users in the past month compared with people in other racial groups, including American Indian or Alaska Native (8.0 percent) or Multiracial people (4.7 percent). The estimate of current heavy alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.

Illicit Drug Use

- Among people aged 12 or older in 2022, 42.3 million (or 15.0 percent) used marijuana in the past month.
- The percentage for marijuana vaping in the past month among current marijuana users was highest among adolescents aged 12 to 17 (54.9 percent), followed by young adults aged 18 to 25 (48.1 percent), then by adults aged 26 or older (29.9 percent).
- Among people aged 12 or older in 2022, 3.2 percent (or 8.9 million people) misused opioids (heroin or prescription pain relievers) in the past year.
- The percentage of people aged 12 or older in 2022 who misused opioids in the past year was higher among Multiracial (4.5 percent), Black (4.1 percent), Hispanic (3.4 percent), or White people (3.0 percent) than among Asian people (1.5 percent). The percentages of American Indian or Alaska Native people (5.4 percent) or Native Hawaiian or Other Pacific Islander people (5.0 percent) who misused opioids in the past year were not statistically different from percentages among other racial or ethnic groups.

Fentanyl Misuse

- In 2022, 991,000 people aged 12 or older (or 0.4 percent) misused prescription fentanyl or used illegally made fentanyl (IMF) in the past year, including 686,000 people (or 0.2 percent) who used IMF in the past year.
- However, IMF may be present in products sold as heroin or fake prescription drugs without people's knowledge. Therefore, caution must be taken to avoid misinterpretation of estimates of fentanyl misuse and IMF use.

Substance Use Disorders

- In 2022, 48.7 million people aged 12 or older (or 17.3 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 27.2 million who had a drug use disorder, and 8.0 million people who had both an alcohol use disorder and a drug use disorder.
- The percentage of Asian people aged 12 or older in 2022 with a past year SUD was lower than the percentages among people in most other racial or ethnic groups.
- Among the 29.5 million people with a past year alcohol use disorder, most (59.1 percent) had a mild disorder compared with about 1 in 5 (20.7 percent) who had a severe disorder.
- Among the 19.0 million people with a past year marijuana use disorder, most (55.1 percent) had a mild disorder compared with only 17.3 percent who had a severe disorder.

Substance Use Treatment

- In 2022, people aged 12 or older who used alcohol or drugs in their lifetime were classified as having received substance use treatment in the past year if they received treatment in an inpatient location; in an outpatient location; via telehealth; or in a prison, jail, or juvenile detention center. Support services from a support group or from a peer support specialist or recovery coach, services in an emergency room or department, or detoxification or withdrawal support services were not classified as substance use treatment.
- Among the 1.8 million adolescents aged 12 to 17 in 2022 who had an SUD in the past year and did not receive substance use treatment in the past year, 97.5 percent (or 1.7 million people) did not seek treatment or think that they should get it. An estimated 0.5 percent of adolescents with an SUD (or 8,000 people) sought treatment, and 2.0 percent of adolescents with an SUD (or 34,000 people) did not seek treatment but thought they should get it.

- Among the 39.7 million adults aged 18 or older in 2022 who had an SUD in the past year and did not receive substance use treatment in the past year, 94.7 percent (or 36.8 million people) did not seek treatment or think that they should get it. An estimated 0.8 percent of adults with an SUD (or 313,000 people) sought treatment, and 4.5 percent of adults with an SUD (or 1.8 million people) did not seek treatment but thought they should get it.
- Among adults aged 18 or older in 2022 who had an SUD in the past year, similar percentages of people across racial or ethnic groups did not seek treatment or think they should get it.

Mental Illness among Adults

- In 2022, 6.0 percent of adults aged 18 or older (or 15.4 million people) had serious mental illness (SMI) in the past year. The percentage of adults aged 18 or older with SMI was highest among young adults aged 18 to 25 (11.6 percent or 4.0 million people), followed by adults aged 26 to 49 (7.6 percent or 7.8 million people), then by adults aged 50 or older (3.0 percent or 3.5 million people).
- Among adults aged 18 or older in 2022, Multiracial adults (11.8 percent) were more likely to have had SMI in the past year compared with White (6.5 percent), Hispanic (5.3 percent), Black (4.7 percent), Asian (4.1 percent), or Native Hawaiian or Other Pacific Islander adults (3.5 percent). The percentage of American Indian or Alaska Native adults (7.3 percent) who had SMI in the past year was not statistically different from percentages among other racial or ethnic groups.

Major Depressive Episode among Adolescents

- Among adolescents aged 12 to 17 in 2022, 19.5 percent (or 4.8 million people) had a past year major depressive episode (MDE), and 14.6 percent (or 3.6 million people) had a past year MDE with severe impairment.

Suicidal Thoughts and Behavior

- Among adolescents aged 12 to 17 in 2022, 13.4 percent (or 3.4 million people) had serious thoughts of suicide, 6.5 percent (or 1.7 million people) made a suicide plan, and 3.7 percent (or 953,000 people) attempted suicide in the past year. However, these estimates are likely to be conservative because the questions for respondents aged 12 to 17 included the response options “I’m not sure” and “I don’t want to answer,” which were not included in the corresponding questions for adults.
- Among adults aged 18 or older in 2022, 5.2 percent (or 13.2 million people) had serious thoughts of suicide, 1.5 percent (or 3.8 million people) made a suicide plan, and 0.6 percent (or 1.6 million people) attempted suicide in the past year.

Mental Health Treatment

- Beginning in 2022, adolescents aged 12 to 17 and adults aged 18 or older received the same questions about mental health treatment. People aged 12 or older in 2022 were classified as having received mental health treatment in the past year if they received professional counseling, medication, or other treatment for their mental health in an inpatient location; in an outpatient location; via telehealth; or in a prison, jail, or juvenile detention center in the past year, or took prescribed medication in the past year to help with their mental health. Support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room or department were not classified as mental health treatment.
- In 2022, 29.8 percent of adolescents aged 12 to 17 (or 7.7 million people) received mental health treatment in the past year. Among the 4.8 million adolescents with a past year MDE, 56.8 percent (or 2.7 million people) received mental health treatment in the past year. However, more than 40 percent of adolescents with a past year MDE (or 2.1 million people) did *not* receive mental health treatment in the past year.

- In 2022, 21.8 percent of adults aged 18 or older (or 55.8 million people) received mental health treatment in the past year. Among the 59.3 million adults with any mental illness (AMI) in the past year, 50.6 percent (or 30.0 million people) received mental health treatment in the past year. Among the 15.4 million adults with SMI in the past year, 66.7 percent (or 10.2 million people) received mental health treatment in the past year.
- Adults aged 50 or older in 2022 were less likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received any mental health treatment in the past year. Specifically, 18.0 percent of adults aged 50 or older received mental health treatment compared with 26.7 percent of young adults aged 18 to 25 and 24.5 percent of adults aged 26 to 49.
- Among adults aged 18 or older in 2022 who had AMI in the past year, Asian (36.1 percent), Black (37.9 percent), or Hispanic adults (39.6 percent) were less likely than Multiracial (56.0 percent) or White adults (56.1 percent) to have received mental health treatment in the past year. Percentages for the receipt of mental health treatment in the past year among adults with AMI in the past year could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.
- Of the 2.1 million adolescents aged 12 to 17 in 2022 who had a past year MDE and did not receive mental health treatment in the past year, 8.7 percent (or 181,000 people) sought treatment, and 39.4 percent (or 805,000 people) did not seek treatment but thought they should get it.

Mental Health and Substance Use Conditions

- Nearly half of young adults aged 18 to 25 in 2022 (48.8 percent or 17.0 million people) had either AMI or an SUD in the past year. This percentage was higher than corresponding percentages among adults aged 26 to 49 (40.6 percent or 41.7 million people) or adults aged 50 or older (21.5 percent or 25.6 million people).

- The percentage of adults aged 18 or older in 2022 who had either an SUD or AMI in the past year was higher among Multiracial adults (46.4 percent) than among White (34.0 percent), Hispanic (31.7 percent), Black (31.3 percent), or Asian adults (22.5 percent). Asian adults were less likely to have had either AMI or an SUD in the past year compared with adults in most other racial or ethnic groups, including American Indian or Alaska Native adults (35.9 percent). The percentage of adults who had either AMI or an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.

Perceived Recovery

- In 2022, 30.1 million adults aged 18 or older (or 11.8 percent) perceived that they ever had a substance use problem. Among these adults, 71.0 percent (or 21.3 million people) considered themselves to be in recovery or to have recovered.
- In 2022, 62.3 million adults aged 18 or older (or 24.5 percent) perceived that they ever had a mental health issue. Among these adults, 65.8 percent (or 40.8 million people) considered themselves to be in recovery or to have recovered.

NSDUH supports SAMHSA's mission to promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery by providing data on key mental health and substance use outcomes that inform policy and practice. By leveraging data to inform the public health response, SAMHSA will better achieve its vision that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve wellbeing, and thrive. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* summarizes the most recent data on substance use, mental health, and treatment in the United States.

Introduction

Substance use and mental health issues have significant impacts on people, families, communities, and societies.^{1,2,3,4} The National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides nationally representative data on the use of tobacco, alcohol, and other substances including illicit drugs; substance use disorders; receipt of substance use treatment; mental health issues; and receipt of mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health. SAMHSA is steadfast in its efforts to advance the health of the nation while also promoting equity. Therefore, this report, based on 2022 NSDUH data, contains findings on key substance use and mental health indicators in the United States by race or ethnicity.

The 2021 and 2022 NSDUHs used multimode data collection, in which respondents completed the survey in person or via the web. Methodological investigations led to the conclusion that estimates based on multimode data collection in 2021 and subsequent years are not comparable with estimates from 2020 or prior years.⁵

Although estimates can be compared between 2021 and 2022,⁶ this report presents NSDUH estimates from 2022 only. *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* show comprehensive substance use and mental health-related estimates for 2021 and 2022.⁷

Survey Background

NSDUH is an annual survey sponsored by SAMHSA within the U.S. Department of Health and Human Services (HHS). NSDUH covers residents of households and people in noninstitutional group settings (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). The survey excludes people with no fixed address (e.g., people who are homeless and not in shelters), military personnel on active duty, and residents of institutional group settings, such as jails, nursing homes, mental health institutions, and long-term care hospitals.

Overview of Data Collection in 2022

NSDUH employs a probability sample designed to be representative of both the nation as a whole and for each

of the 50 states and the District of Columbia.⁸ The 2022 NSDUH used multimode data collection throughout the year, in which respondents completed the survey in person or via the web. In-person data collection commenced after potential respondents first were given the opportunity to complete the survey via the web. Respondents could choose whether to complete screenings or interviews via the web or in person. Respondents also could transition between data collection modes for screening and interviewing (e.g., completing household screening via the web and the main interview in person).⁹

Data Collection in Each Quarter of 2022

A full sample was available from all 4 quarters in 2022. (See the next paragraph for definitions of the individual quarters.) Screening was completed for 217,457 addresses, and the final sample consisted of 71,369 completed interviews. Based on information from the household screenings, there were 14,813 interviews from adolescents aged 12 to 17 and 56,556 interviews from adults aged 18 or older.¹⁰ Overall, 42.4 percent of interviews were completed via the web, and 57.6 percent were completed in person. Weighted response rates for household screening and for interviewing were 25.5 and 47.4 percent, respectively, for an overall response rate of 12.1 percent for people aged 12 or older. The weighted interview response rates were 41.6 percent for adolescents aged 12 to 17 and 48.0 percent for adults aged 18 or older.¹¹

The percentages of interviews that were completed via the web or in person varied by quarter in 2022, but there was less variation in the final 9 months of data collection. In Quarter 1 of 2022 (i.e., January to March), the majority of interviews were completed via the web (52.0 percent). For the remaining quarters in 2022, the majority of interviews were completed in person. In Quarter 2 of 2022 (i.e., April to June), 37.3 percent of interviews were completed via the web, as were 43.7 percent in Quarter 3 (i.e., July to September) and 38.6 percent in Quarter 4 (i.e., October to December). Data processing for 2022 accounted for the potential effects of the data collection mode on responses.¹²

Further information about the 2022 NSDUH design and methods can be found in the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* report at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>.¹²

Data Presentation and Interpretation

This report focuses on substance use and mental health indicators in the United States based on NSDUH data from 2022. All estimates (e.g., percentages and numbers) presented in the report are derived from survey data that are subject to sampling errors and have met the criteria for statistical precision.¹³

Estimates of substance use and related treatment are presented for people aged 12 or older, including adolescents and adults.¹⁴ However, estimates of mental health issues are presented separately for adolescents aged 12 to 17 and adults aged 18 or older because only adults were asked questions to estimate any mental illness (AMI) or serious mental illness (SMI). (Questions used to calculate AMI or SMI were never approved for use in adolescents.) Although adolescents and adults in 2022 were asked the same questions about treatment for mental health issues, estimates are also presented separately for adolescents and adults because estimates are available specifically for treatment among adults with AMI or SMI.

Appendices A and B contain tables of estimates by age group and by racial or ethnic group, respectively. Because some estimates in these appendix tables may not be found in the 2022 Detailed Tables, the appendices include standard errors for the associated estimates.¹⁵

Estimates that are presented for racial or ethnic groups are based on federal standards for reporting these data.¹⁶ Definitions for racial and ethnic groups are provided in Appendix A of the 2022 Methodological Summary and Definitions report.¹² The racial and ethnic groups discussed in this report are mutually exclusive. People who were of Hispanic or Latino ethnicity could be of any race but are not included in the estimates for any of the racial categories. Estimates for people who were not of Hispanic or Latino ethnicity are reported by race. People reporting two or more races and who were not of Hispanic or Latino ethnicity are noted as “Two or More Races” in the 2022 Detailed Tables and as “Multiracial” in this report; the two terms are used interchangeably. People reporting their race as Black or African American are subsequently referred to as Black. People reporting their ethnicity as Hispanic or Latino are subsequently referred to as Hispanic.

In addition, estimates in this report have not been adjusted for differences in the underlying age distributions of people in racial or ethnic groups. If the occurrence of certain substance use or mental health outcomes differs by age, then

differences in estimates between some racial or ethnic groups may reflect the younger age composition in some of these groups. Nevertheless, these unadjusted estimates reflect the actual occurrence of an outcome of interest and are useful for determining the specific need for services in a given population.

Statistical testing was performed for comparisons of estimates across age groups and among racial or ethnic groups according to procedures described in the 2022 Methodological Summary and Definitions report.¹⁷ For consistency with the typical criteria for statistical testing in NSDUH, age group differences were considered statistically significant at the .05 level of significance. For testing among racial or ethnic groups, a more conservative level of .01 was used for considering differences to be statistically significant. Statistically significant differences resulting from these testing procedures are described using terms such as “higher,” “lower,” “more likely,” or “less likely.” Statements use terms such as “similar” or “the same” when a difference was not statistically significant. When estimates are presented without reference to differences across groups, statistical significance is not implied.

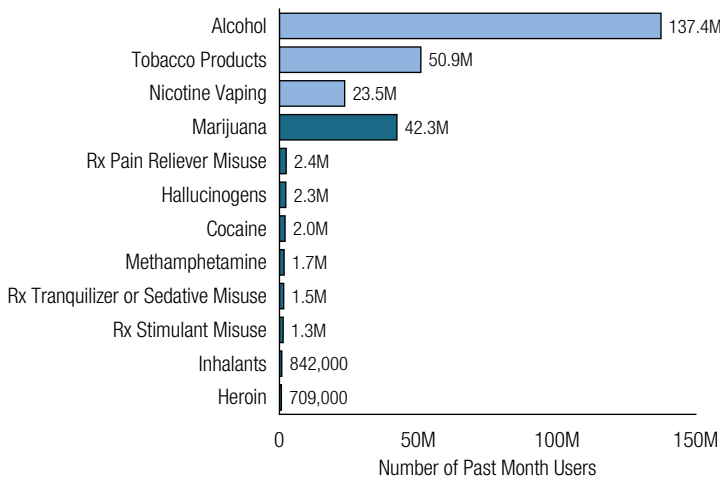
General Substance Use in the Past Month

This section provides an overview of estimates according to whether respondents aged 12 or older reported using tobacco products or vaping nicotine, using alcohol, or using illicit drugs in the 30 days before the NSDUH interview (i.e., in the past month, also referred to as “current use”). Additional information on tobacco product use, nicotine vaping, alcohol use, and illicit drug use is provided in other sections of this report.¹⁵

Past month tobacco use includes any use of these tobacco products: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vaporize (i.e., vape) nicotine. Past month alcohol use refers to having more than a sip or two of any type of alcoholic drink (e.g., a can or a bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it). Past month illicit drug use includes any use of marijuana or cannabis products (including smoking, vaping, and other modes of use), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, as well as misuse of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), or pain relievers. (See the [Misuse of Prescription Psychotherapeutic Drugs](#) section for the definition of “misuse.”)

Among people aged 12 or older in 2022, 59.8 percent (or 168.7 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month; 48.7 percent (or 137.4 million people) drank alcohol in the past month; 18.1 percent (or 50.9 million people) used a tobacco product in the past month; 8.3 percent (or 23.5 million people) vaped nicotine in the past month; and 16.5 percent (or 46.6 million people) used an illicit drug in the past month (Figure 1 and Table A.1B). Estimates for tobacco use, nicotine vaping, alcohol use, or illicit drug use are not mutually exclusive because respondents could have used more than one type of substance (e.g., tobacco products and alcohol) in the past month.

Figure 1. Past Month Substance Use: Among People Aged 12 or Older; 2022



Rx = prescription.
Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Tobacco Use or Nicotine Vaping in the Past Month

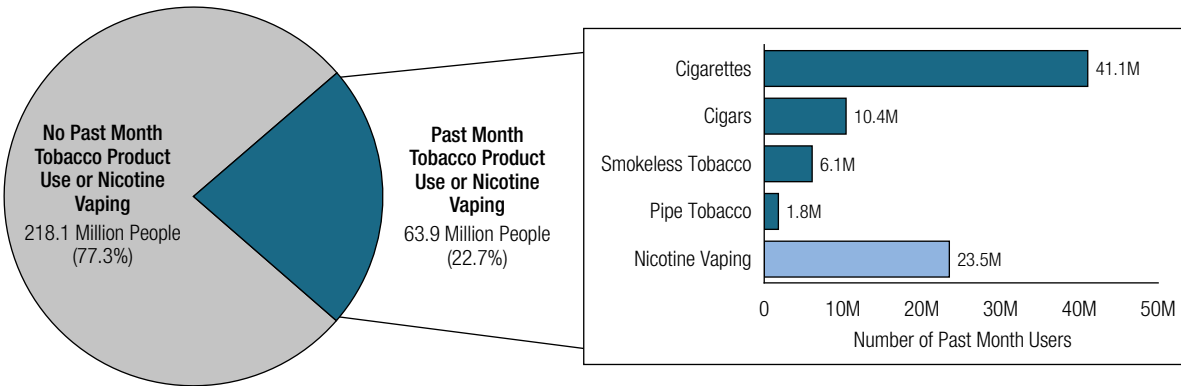
As noted in the section on [General Substance Use in the Past Month](#), past month tobacco use in NSDUH includes any use of these tobacco products: cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, and pipe tobacco. Past month nicotine vaping refers to the use of an e-cigarette or other vaping device to vape nicotine. Aggregate estimates for the past month use of tobacco or nicotine vaping (also referred to as current use of nicotine products) are presented for people who used any of these tobacco products or vaped nicotine in the past month (or both). Although this report presents estimates only from the 2022 NSDUH, SAMHSA considers that the 2022 estimates for nicotine vaping are not comparable with the estimates from the 2021 NSDUH because of changes to the nicotine vaping questions for 2022.¹⁸

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.¹³

Among people aged 12 or older in 2022, 22.7 percent (or 63.9 million people) used tobacco products or vaped nicotine in the past month (Figure 2 and Table A.1B). The percentage of people who used tobacco products or vaped nicotine in the past month was highest among young adults aged 18 to 25 (30.0 percent or 10.4 million people), followed by adults aged 26 or older (23.3 percent or 51.6 million people), then by adolescents aged 12 to 17 (7.3 percent or 1.9 million people).

Among current nicotine product users in 2022, the use of specific nicotine products varied by age group. An estimated 73.2 percent of adolescents aged 12 to 17 who used nicotine products in the past month only vaped nicotine products compared with 48.7 percent of young adults aged

Figure 2. Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; 2022



Note: The estimated numbers of current users of different tobacco products or nicotine vaping are not mutually exclusive because people could have used more than one type of tobacco product or used tobacco products and vaped nicotine in the past month.

18 to 25 and only 12.6 percent of adults aged 26 or older who used nicotine products in the past month (Figure 3 and Table A.2B). In contrast, 74.0 percent of adults aged 26 or older who used nicotine products in the past month used only tobacco products compared with 6.2 percent of adolescents aged 12 to 17 and 20.2 percent of young adults aged 18 to 25 who used nicotine products in the past month.

By Race/Ethnicity

Among people aged 12 or older in 2022, the percentage of people who used tobacco products or vaped nicotine in the past month was higher among American Indian or Alaska Native (34.0 percent) or Multiracial people (32.4 percent) than among White (24.7 percent), Black (23.6 percent), Hispanic (17.7 percent), or Asian people (10.0 percent) (Figure 4 and Table B.1B). The percentage also was higher among White or Black people than among Hispanic people. The percentage of people who used tobacco products or vaped nicotine in the past month was lowest among Asian people compared with people in other racial or ethnic groups. The percentage of people who used tobacco products or vaped nicotine in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Among current nicotine product users aged 12 or older in 2022, the use of specific nicotine products varied by racial or ethnic group. Asian people who used nicotine products in the past month were more likely only to

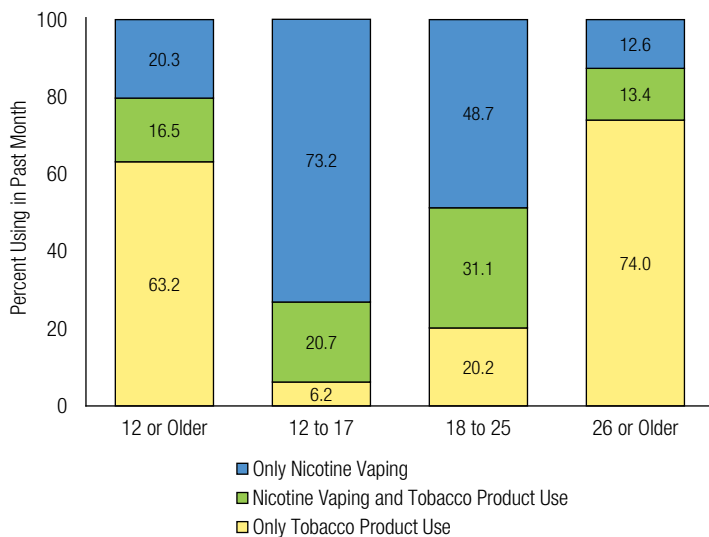
vape nicotine (34.6 percent) compared with past month White (19.4 percent), American Indian or Alaska Native (18.7 percent), or Black nicotine product users (13.6 percent) (Table B.2B). The percentage of past month nicotine product users who only vaped nicotine also was higher among Hispanic people (26.5 percent) than among White or Black people.

In contrast, among current nicotine product users aged 12 or older, Black people were more likely to have used only tobacco products in the past month (74.2 percent) compared with White (64.1 percent), Multiracial (57.7 percent), Hispanic (53.2 percent), or Asian people (45.2 percent) (Table B.2B). The percentage of current nicotine product users who used only tobacco products was also higher among White people than among Hispanic or Asian people and was higher among American Indian or Alaska Native people (63.0 percent) than among Asian people. Estimates of the types of nicotine product use among current nicotine product users could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Tobacco Product Use

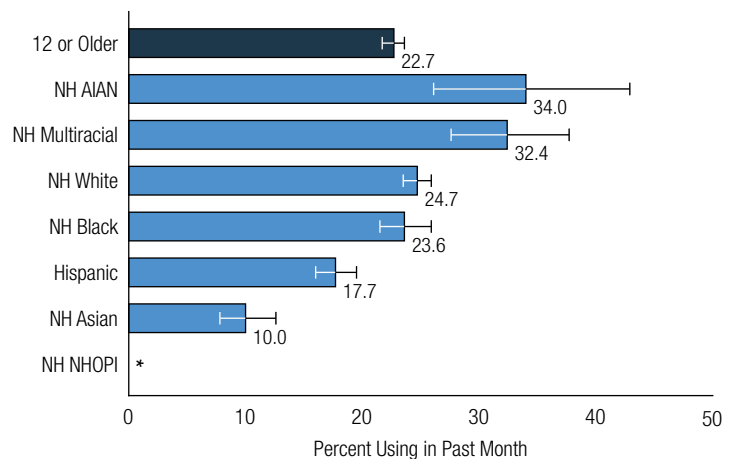
In 2022, of the 50.9 million current (i.e., past month) tobacco users aged 12 or older (Figure 1), the majority were current cigarette smokers (41.1 million; Figure 2). This pattern matches historical usage patterns.¹⁹ Additionally, 10.4 million people aged 12 or older were current cigar smokers, 6.1 million people were current smokeless tobacco users, and 1.8 million people were current pipe tobacco smokers.

Figure 3. Type of Past Month Tobacco Product Use or Nicotine Vaping: Among Past Month Nicotine Product Users Aged 12 or Older; 2022



Note: The percentages may not add to 100 percent due to rounding.

Figure 4. Past Month Tobacco Product Use or Nicotine Vaping: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

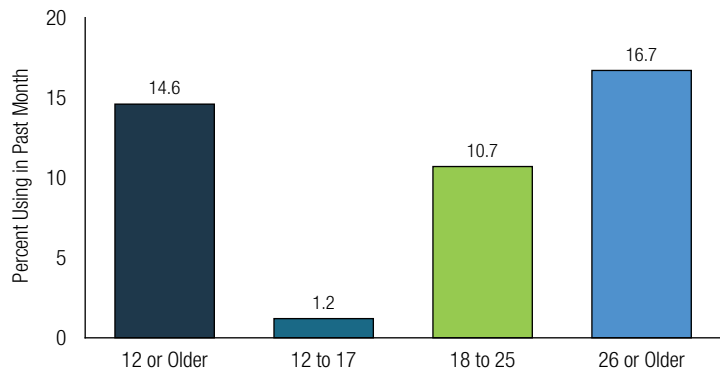
Among people aged 12 or older in 2022 who used any tobacco product in the past month (regardless of whether they vaped nicotine), 67.2 percent smoked cigarettes but did not use other tobacco products, 13.4 percent smoked cigarettes and used some other type of tobacco product, and 19.4 percent used only noncigarette tobacco products (i.e., other tobacco products but not cigarettes) ([Table A.3B](#)). The percentage for the use of only cigarettes was highest among adults aged 26 or older who used tobacco products in the past month (69.4 percent). Among adolescents aged 12 to 17 and young adults aged 18 to 25 who used tobacco products in the past month, 48.6 percent and 50.2 percent, respectively, used only cigarettes in the past month. Overall, 63.1 percent of adolescents and 69.6 percent of young adults who were past month tobacco users smoked cigarettes, either as the only tobacco product they used or in addition to other tobacco products.²⁰

The remainder of this section on tobacco use focuses on cigarette smoking because most current tobacco users aged 12 or older were cigarette smokers. Information on the use of smokeless tobacco, cigars, and pipe tobacco in the past month among people aged 12 or older and by age group can be found in [Table A.1B](#).

Cigarette Use

Among people aged 12 or older in 2022, 14.6 percent (or 41.1 million people) smoked cigarettes in the past month ([Figures 2 and 5](#) and [Table A.1B](#)). The percentage of people who smoked cigarettes in the past month was highest among adults aged 26 or older (16.7 percent or 37.0 million people), followed by young adults aged 18 to 25 (10.7 percent or 3.7 million people), then by adolescents aged 12 to 17 (1.2 percent or 319,000 people).

Figure 5. Past Month Cigarette Use: Among People Aged 12 or Older; 2022



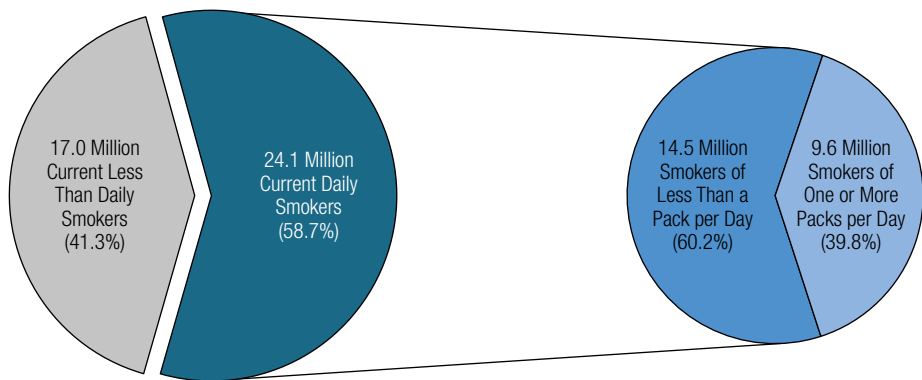
By Race/Ethnicity

Among people aged 12 or older in 2022, the percentage of people who were past month cigarette smokers was higher among American Indian or Alaska Native (23.1 percent), Multiracial (20.9 percent), White (15.9 percent), or Black people (15.8 percent) than among Hispanic (11.0 percent) or Asian people (5.4 percent) ([Table B.1B](#)). Hispanic people also were more likely than Asian people to smoke cigarettes in the past month. In addition, Multiracial people were more likely to smoke cigarettes in the past month compared with White or Black people. Estimates of past month cigarette smoking could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Daily Cigarette Use

Among the 41.1 million current cigarette smokers aged 12 or older in 2022 (see the section on [Cigarette Use](#)), 24.1 million people (or 58.7 percent) were daily cigarette smokers ([Figure 6](#)). The percentage of people who were daily cigarette smokers among current cigarette smokers

Figure 6. Daily Cigarette Use: Among Past Month (Current) Cigarette Smokers Aged 12 or Older; Smoked One or More Packs of Cigarettes per Day: Among Current Daily Smokers; 2022



Note: Current daily smokers with unknown data about the number of cigarettes smoked per day were excluded from the pie chart on the right.

was highest among adults aged 26 or older (62.4 percent or 23.1 million people), followed by young adults aged 18 to 25 (26.7 percent or 996,000 people), then by adolescents aged 12 to 17 (3.1 percent or 10,000 people) (Table A.1B).

Among the 24.1 million daily cigarette smokers aged 12 or older in 2022, 9.6 million people (or 39.8 percent) smoked one or more packs of cigarettes per day (Figure 6 and Table A.1B). Among daily cigarette smokers, adults aged 26 or older were more likely than young adults aged 18 to 25 to smoke one or more packs of cigarettes per day (40.8 vs. 17.5 percent). Estimates for smoking one or more packs of cigarettes per day could not be calculated with sufficient precision for adolescent daily smokers aged 12 to 17.¹³

Nicotine Vaping

In 2022, 23.5 million people aged 12 or older (or 8.3 percent) used an e-cigarette or other vaping device to vape nicotine in the past month (Figures 2 and 7 and Table A.1B). The percentage of people who vaped nicotine was highest among young adults aged 18 to 25 (24.0 percent or 8.3 million people), followed by adolescents aged 12 to 17 (6.9 percent or 1.8 million people), then by adults aged 26 or older (6.0 percent or 13.4 million people).

By Race/Ethnicity

Among people aged 12 or older in 2022, Multiracial (13.7 percent), American Indian or Alaska Native (12.6 percent), White (8.9 percent), or Hispanic people (8.3 percent) were more likely to have used an e-cigarette or other vaping device to vape nicotine in the past month compared with Black (6.1 percent) or Asian people (5.5 percent) (Table B.1B). Multiracial people were also

more likely than White or Hispanic people to have vaped nicotine in the past month.

Underage Tobacco Use or Nicotine Vaping

Legislation in December 2019 raised the federal minimum age for sale of tobacco products (along with e-cigarettes) from 18 to 21 years.²¹ All 50 states and the District of Columbia prohibit the sale of tobacco products to people younger than 21.

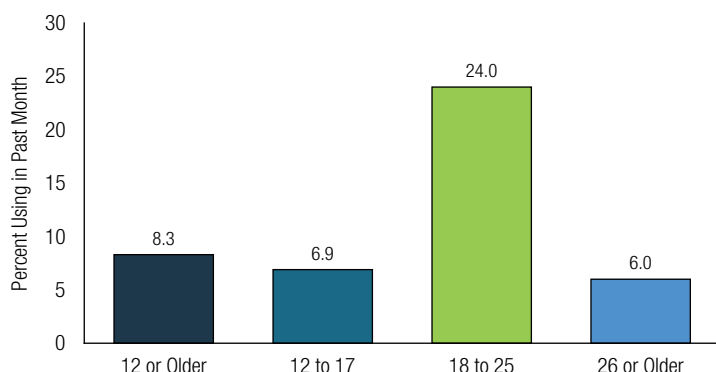
Among people aged 12 to 20 in 2022, 13.4 percent (or 5.2 million people) used tobacco products or used an e-cigarette or other vaping device to vape nicotine in the past month (Table A.1B). Among people in this age group, 12.2 percent (or 4.7 million people) vaped nicotine, and 5.0 percent (or 1.9 million people) used tobacco products, including 3.1 percent (or 1.2 million people) who smoked cigarettes in the past month.

By Race/Ethnicity

Among people aged 12 to 20 in 2022, White people (15.9 percent) were more likely to have used tobacco products or to have vaped nicotine in the past month compared with underage Hispanic (11.3 percent), Black (10.7 percent), or Asian people (5.6 percent) (Table B.3B). Underage Asian people were less likely to have used tobacco products or to have vaped nicotine in the past month compared with underage people in other racial or ethnic groups.

These findings are similar for underage nicotine vaping and tobacco product use individually. White people aged 12 to 20 in 2022 were more likely to have vaped nicotine in the past month (14.8 percent) compared with underage Hispanic (10.3 percent), Black (8.8 percent), or Asian people (5.4 percent). Underage Asian people were less likely to have vaped nicotine in the past month compared with underage people in most other racial or ethnic groups. Similarly, White people aged 12 to 20 in 2022 were more likely to have used tobacco products in the past month (6.0 percent) compared with underage Hispanic (4.1 percent), Black (4.0 percent), or Asian people (1.9 percent) (Table B.3B). Estimates of tobacco product use or nicotine vaping among underage people could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Figure 7. Past Month Nicotine Vaping: Among People Aged 12 or Older; 2022



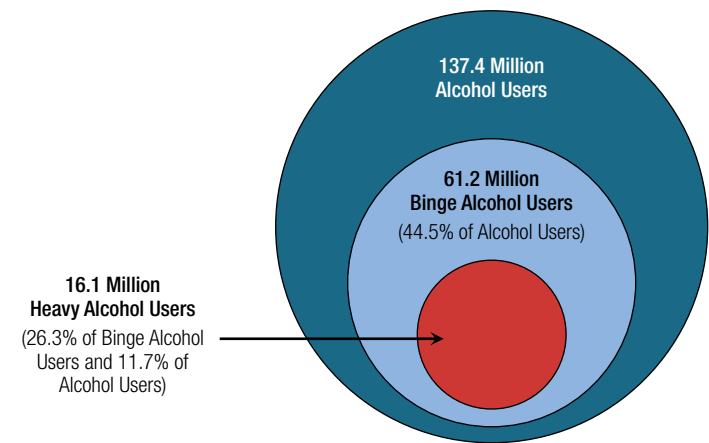
Alcohol Use in the Past Month

As noted in the section on [General Substance Use in the Past Month](#), the 2022 NSDUH asked respondents aged 12 or older about their alcohol use in the 30 days before the interview. In addition to asking about any alcohol use, NSDUH collected information on past month binge alcohol use and heavy alcohol use. In the 2022 NSDUH, binge drinking for males was defined as drinking five or more drinks²² on the same occasion on at least 1 day in the past 30 days. Binge drinking for females was defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. This definition of binge alcohol use is consistent with federal definitions.²³ Heavy alcohol use was defined as binge drinking on 5 or more days in the past 30 days based on the thresholds previously described for males and females.

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for the selected measures in this section.¹³

Among the 137.4 million current alcohol users aged 12 or older in 2022, 61.2 million people (or 44.5 percent) were past month binge drinkers (Figure 8). Among past month binge drinkers, 16.1 million people were past month heavy drinkers. The 16.1 million heavy drinkers represent 26.3 percent of current binge drinkers and 11.7 percent of current alcohol users.²⁰

Figure 8. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2022



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Any Alcohol Use

Among people aged 12 or older in 2022, 48.7 percent (or 137.4 million people) drank alcohol in the past month (Figure 9 and Table A.1B). The percentage was highest among adults aged 26 or older (53.4 percent or 118.2 million people), followed by young adults aged 18 to 25 (50.2 percent or 17.5 million people). The percentage was lowest among adolescents aged 12 to 17 (6.8 percent or 1.8 million people).

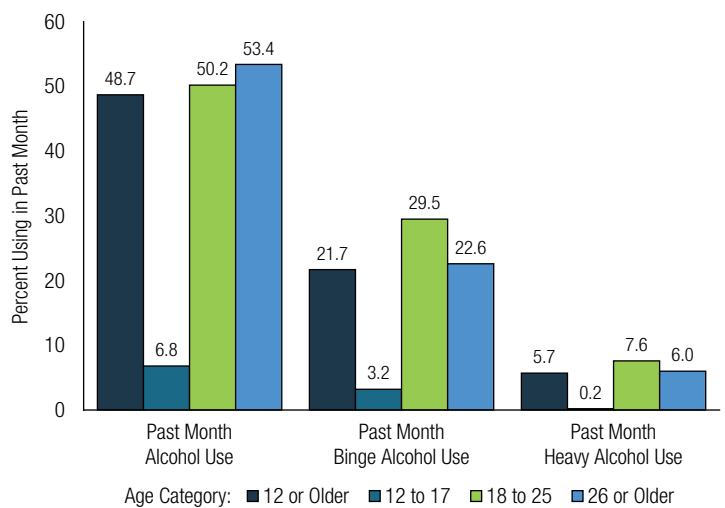
By Race/Ethnicity

Among people aged 12 or older in 2022, 53.4 percent of White people drank alcohol in the past month (Table B.4B). This percentage was higher than the percentages of people in other racial or ethnic groups. Hispanic people had a higher estimate of past month alcohol use (43.6 percent) compared with Asian people (36.7 percent). The estimate of current alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Binge Alcohol Use

Among people aged 12 or older in 2022, 21.7 percent (or 61.2 million people) were binge drinkers in the past month (Figures 8 and 9 and Table A.1B). The percentage was highest among young adults aged 18 to 25 (29.5 percent or 10.3 million people), followed by adults aged 26 or older (22.6 percent or 50.1 million people). The percentage was

Figure 9. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2022



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

lowest among adolescents aged 12 to 17 (3.2 percent or 834,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2022, Asian people (10.3 percent) were less likely to be binge drinkers in the past month compared with people in other racial or ethnic groups (Figure 10 and Table B.4B). The estimate of binge drinking in the past month could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³ Estimates of binge drinking in the past month did not differ significantly among people in the other racial or ethnic groups.

Heavy Alcohol Use

Among people aged 12 or older in 2022, 5.7 percent (or 16.1 million people) were heavy alcohol users in the past month (Figures 8 and 9 and Table A.1B). The percentage was highest among young adults aged 18 to 25 (7.6 percent or 2.6 million people), followed by adults aged 26 or older (6.0 percent or 13.4 million people). The percentage was lowest among adolescents aged 12 to 17 (0.2 percent or 63,000 people).

By Race/Ethnicity

Among people aged 12 or older in 2022, White people were more likely to be heavy alcohol users in the past month (6.6 percent) compared with Hispanic (5.1 percent), Black

(4.2 percent), or Asian people (1.9 percent) (Figure 11 and Table B.4B). Asian people were less likely to be heavy alcohol users in the past month compared with people in other racial or ethnic groups. The estimate of current heavy alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

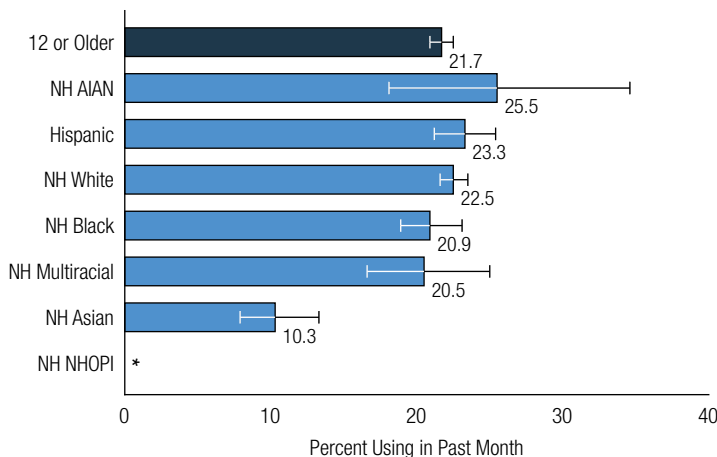
Underage Alcohol Use

In 2022, all 50 states and the District of Columbia prohibited the possession of alcoholic beverages by people younger than 21 (although some states may have had exceptions).²⁴ Most states also prohibited underage consumption (i.e., consumption of alcoholic beverages prior to the age of 21).²⁵ Among people aged 12 to 20 in 2022, 15.1 percent (or 5.8 million people) were past month alcohol users (Table A.1B). Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 8.2 percent (or 3.2 million people) and 1.7 percent (or 646,000 people), respectively.

By Race/Ethnicity

Among people aged 12 to 20 in 2022, White people were more likely than Hispanic, Asian, or Black people to be past month alcohol users, binge drinkers, or heavy alcohol users. Underage Hispanic people also were more likely than underage Black people to be past month alcohol users, binge drinkers, or heavy alcohol users.

Figure 10. Past Month Binge Alcohol Use: Among People Aged 12 or Older; by Race/Ethnicity, 2022



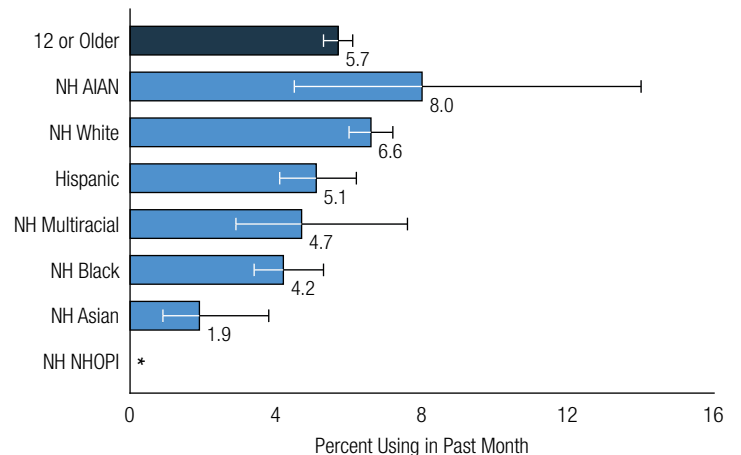
* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days.

Figure 11. Past Month Heavy Alcohol Use: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Heavy Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on 5 or more days in the past 30 days.

For any alcohol use, for example, 18.0 percent of underage White people in 2022 drank alcohol in the past month compared with 13.5 percent of underage Hispanic people, 10.5 percent of underage Asian people, and 9.5 percent of underage Black people (Table B.5B). Underage Black people also were less likely than underage Multiracial people (17.1 percent) to be past month alcohol users.

In addition, 10.2 percent of White people aged 12 to 20 in 2022 were past month binge drinkers compared with 7.2 percent of underage Hispanic people, 4.6 percent of underage Black people, and 3.2 percent of underage Asian people (Table B.5B). Underage Hispanic people were more likely to be past month binge drinkers compared with underage Black or Asian people, and underage Multiracial people were more likely to be past month binge drinkers (9.2 percent) compared with underage Asian people.

For heavy alcohol use among underage people in 2022, 2.4 percent of White people aged 12 to 20 were past month heavy alcohol users (Table B.5B). This percentage was higher than the percentages of underage Hispanic (1.2 percent), Asian (0.5 percent), or Black people (0.2 percent). Underage Black people were less likely than underage Hispanic people to be heavy alcohol users in the past month.

The estimates of underage current alcohol use, binge drinking, and heavy alcohol use could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people. The estimate of underage heavy alcohol use could not be calculated with sufficient precision for American Indian or Alaska Native people.¹³

Marijuana Use and Marijuana Vaping in the Past Month

The 2022 NSDUH questionnaire included new questions to assess the different ways that people use marijuana. Respondents who reported using marijuana in the past month or past year were asked to report up to eight ways they could have used marijuana in these time periods, including smoking, vaping, eating, and other ways. The 2022 NSDUH questionnaire also included questions about the use of cannabidiol (CBD) or hemp products and the use of marijuana or cannabis products that were recommended by a doctor or other health professional (i.e., medical marijuana use); however, presentation of estimates for the use of these substances is beyond the scope of this report. Additional information about these topics can be found in Section 8 of the 2022 Detailed Tables.²⁶

This section presents estimates for any marijuana use in the past month regardless of the mode of use, as well as estimates specifically for marijuana vaping. Estimates for additional modes of marijuana use in the past year are discussed in the Marijuana Use section.

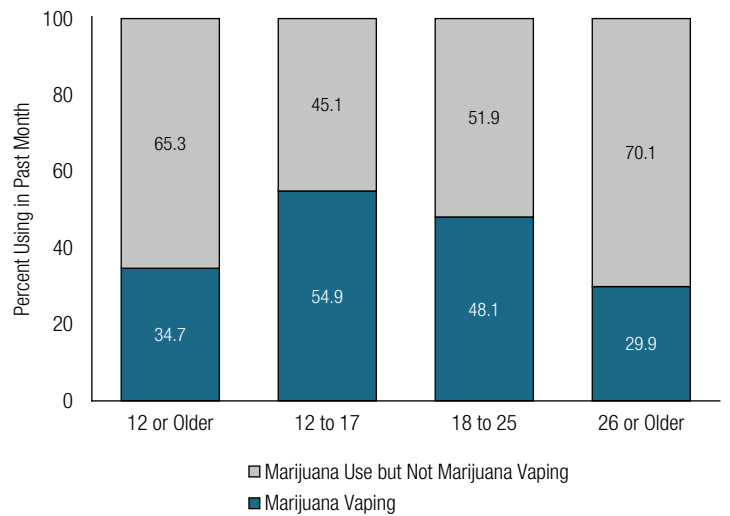
In 2022, 15.0 percent of people aged 12 or older (or 42.3 million people) used marijuana in the past month, including 5.2 percent (or 14.7 million people) who vaped marijuana in that period (Table A.1B). The percentage of people who used marijuana in the past month was highest among young adults aged 18 to 25 (25.9 percent or 9.0 million people), followed by adults aged 26 or older (14.3 percent or 31.7 million people), then by adolescents aged 12 to 17 (6.4 percent or 1.6 million people). The percentage of people who vaped marijuana in the past month was also highest among young adults aged 18 to 25 (12.5 percent or 4.3 million people), followed by adults aged 26 or older (4.3 percent or 9.5 million people), then by adolescents aged 12 to 17 (3.5 percent or 903,000 people).

About 1 in 3 current marijuana users aged 12 or older in 2022 (34.7 percent) vaped marijuana in the past month (Figure 12 and Table A.4B). The percentage for marijuana vaping in the past month among current marijuana users was highest among adolescents aged 12 to 17 (54.9 percent), followed by young adults aged 18 to 25 (48.1 percent), then by adults aged 26 or older (29.9 percent).

By Race/Ethnicity

Among people aged 12 or older in 2022, Multiracial people were more likely to have used marijuana in the past month

Figure 12. Type of Past Month Marijuana Use: Among Past Month Marijuana Users Aged 12 or Older; 2022



(24.6 percent) compared with people in all other racial or ethnic groups, except for American Indian or Alaska Native people (18.0 percent) (Table B.6B). Asian people were less likely to have used marijuana in the past month (6.2 percent) compared with people in most other racial or ethnic groups. The percentage of people who were past month marijuana users was also lower among Native Hawaiian or Other Pacific Islander people (9.3 percent) than among American Indian or Alaska Native, Black (16.8 percent), or White people (15.6 percent). Hispanic people were less likely to have used marijuana in the past month (13.5 percent) than Black or White people.

For marijuana vaping in the past month, percentages among people aged 12 or older in 2022 were higher among Multiracial (8.2 percent), White (5.8 percent), or Hispanic people (5.3 percent) than among Black (3.1 percent) or Asian people (1.9 percent) (Table B.6B). American Indian or Alaska Native people also were more likely to have vaped marijuana in the past month (5.6 percent) compared with Asian people.

Among current marijuana users aged 12 or older in 2022, about a third or more of Hispanic (39.6 percent), White (37.3 percent), or Multiracial people (33.3 percent) vaped marijuana in the past month (Table B.6B). Black people who were current marijuana users (18.4 percent) were less likely than people in these racial or ethnic groups to have vaped marijuana in the past month. The percentage of current marijuana users who vaped marijuana in the past month could not be calculated with sufficient precision for Asian or Native Hawaiian or Other Pacific Islander people.¹³

Illicit Drug Use in the Past Year

The 2022 NSDUH collected illicit drug use information on the use of marijuana (including smoking, vaping, and other modes of use), cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as for the misuse of prescription stimulants, tranquilizers, sedatives,²⁷ and pain relievers (see the section on the [Misuse of Prescription Psychotherapeutic Drugs](#) for the definition of “misuse”). This report presents estimates of past year illicit drug use (rather than past month use) because of low prevalence estimates for some illicit drugs (e.g., heroin). Moreover, the 2022 NSDUH collected only past year (rather than past month) data on the misuse of benzodiazepines and specific subtypes of prescription pain relievers (e.g., fentanyl products).

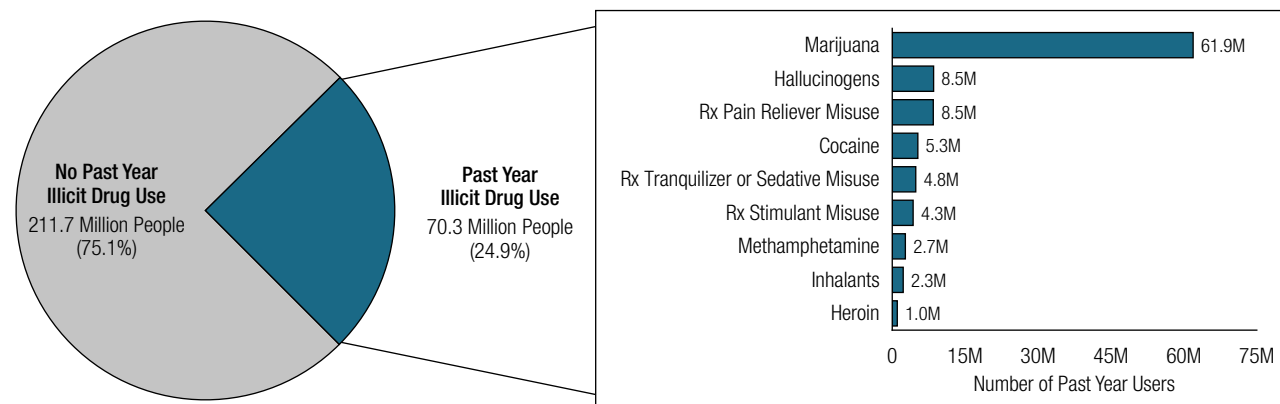
The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.¹³

Among people aged 12 or older in 2022, 70.3 million people used illicit drugs in the past year (Figure 13). The most commonly used illicit drug in the past year was marijuana, which was used by 61.9 million people. In the past year, 8.5 million people used hallucinogens, and 8.5 million people misused prescription pain relievers. Smaller numbers of people were past year users or misusers of the other illicit drugs shown in Figure 13.²⁸

Any Illicit Drug Use

Among people aged 12 or older in 2022, 24.9 percent (or 70.3 million people) used illicit drugs in the past year

Figure 13. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

(Figures 13 and 14 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (40.9 percent or 14.2 million people), followed by adults aged 26 or older (23.7 percent or 52.4 million people), then by adolescents aged 12 to 17 (14.3 percent or 3.7 million people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who used illicit drugs in the past year was higher among Multiracial people (35.1 percent) than among Black (26.7 percent), White (25.8 percent), Hispanic (23.5 percent), or Asian people (13.6 percent) (Figure 15 and Table B.7B). Asian

Figure 14. Past Year Illicit Drug Use or Past Year Marijuana Use: Among People Aged 12 or Older; 2022

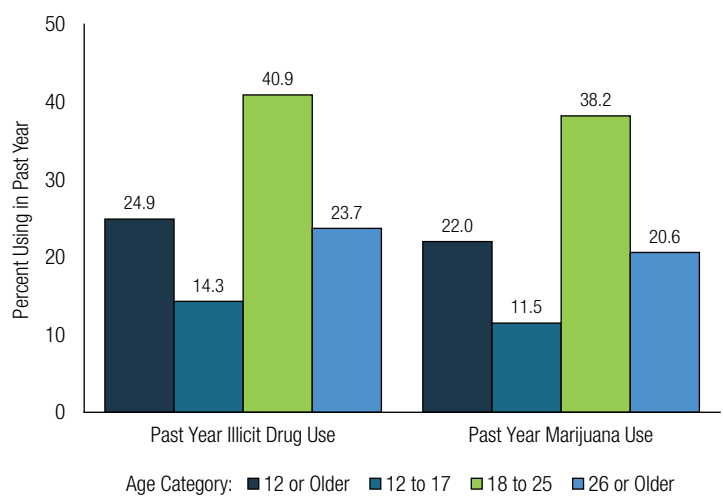
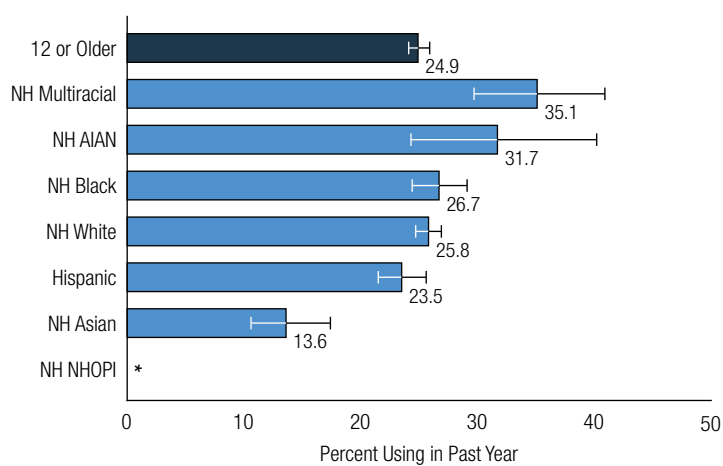


Figure 15. Past Year Illicit Drug Use: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

people were less likely to have used illicit drugs in the past year compared with people in other racial or ethnic groups including American Indian or Alaska Native people (31.7 percent). Black or White people were more likely to have used illicit drugs in the past year compared with Hispanic people. Estimates for illicit drug use in the past year did not differ among Black or White people. The estimate of illicit drug use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Marijuana Use

As noted previously for marijuana use in the past month, the 2022 NSDUH questionnaire included new questions to assess the variety of methods that people use to consume marijuana or other cannabis products. Estimates for the use of CBD or hemp products are not included in this report. Respondents who reported using marijuana in the past year or past month were asked to report whether they used marijuana in any of the following ways in that period:

- smoking;
- vaping;
- dabbing waxes, shatter, or concentrates;
- eating or drinking;
- putting drops, strips, lozenges, or sprays in their mouth or under their tongue;
- applying lotion, cream, or patches to their skin;
- taking pills; or
- using it in some other way.

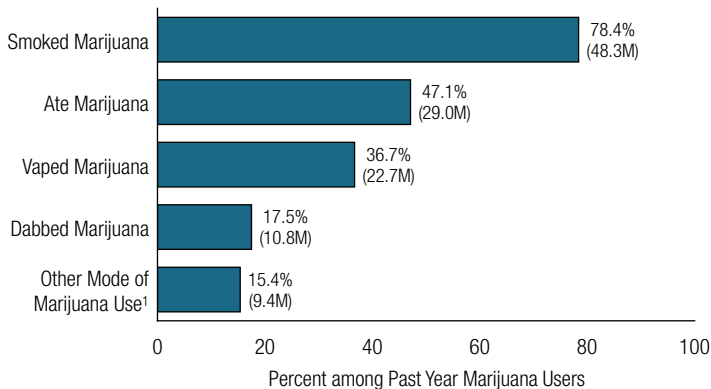
Respondents could report that they used marijuana in more than one way in the past year or past month. For example, respondents could report that they smoked marijuana and vaped it in the past year. Also, if respondents did not report a particular mode of use (e.g., vaping) in the past year but reported it as a mode of use for the past month, then these respondents were inferred to have used marijuana in that specific way in the past year.

In 2022, 22.0 percent of people aged 12 or older (or 61.9 million people) used marijuana in the past year regardless of mode (Figures 13 and 14 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (38.2 percent or 13.3 million people), followed by adults aged 26 or older (20.6 percent or 45.7 million people), then by adolescents aged 12 to 17 (11.5 percent or 2.9 million people).

Among people aged 12 or older in 2022 who used marijuana in the past year, the most common mode of marijuana use was smoking (78.4 percent or 48.3 million people), followed by eating or drinking (47.1 percent or 29.0 million people); vaping (36.7 percent or 22.7 million people); dabbing waxes, shatter, or concentrates (17.5 percent or 10.8 million people); applying lotion, cream, or patches to the skin (9.3 percent or 5.7 million people); putting drops, strips, lozenges, or sprays in the mouth or under the tongue (6.9 percent or 4.2 million people); taking pills (2.7 percent or 1.6 million people); and some other way (0.1 percent or 54,000 people) (Figure 16 and Table A.6B).²⁰

Smoking was the most common mode of marijuana use across age groups. Among people in 2022 who used marijuana in the past year, 85.9 percent of young adults aged 18 to 25, 76.6 percent of adolescents aged 12 to 17, and 76.3 percent of adults aged 26 or older smoked marijuana.

Figure 16. Modes of Past Year Marijuana Use: Among People Aged 12 or Older Who Used Marijuana in the Past Year; 2022



Note: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

¹ Includes applying lotion, cream, or patches to skin; putting drops, strips, lozenges, or sprays in mouth or under tongue; taking pills; or some other way not already listed in this figure.

Other common modes of marijuana use in 2022 among past year marijuana users varied by age group. Among adolescents aged 12 to 17 who used marijuana in the past year, more than half (59.7 percent) vaped marijuana, followed by about one third (36.1 percent) who ate or drank marijuana, then by almost one quarter who dabbed waxes, shatter, or concentrates (23.3 percent). Among young adults aged 18 to 25 who used marijuana in the past year, about half ate or drank marijuana (50.2 percent) or vaped it (50.0 percent), followed by those who dabbed waxes, shatter, or concentrates (29.5 percent). Among adults aged 26 or older who were past year marijuana users, 46.9 percent ate or drank it, followed by 31.3 percent who vaped it, then by 13.7 percent

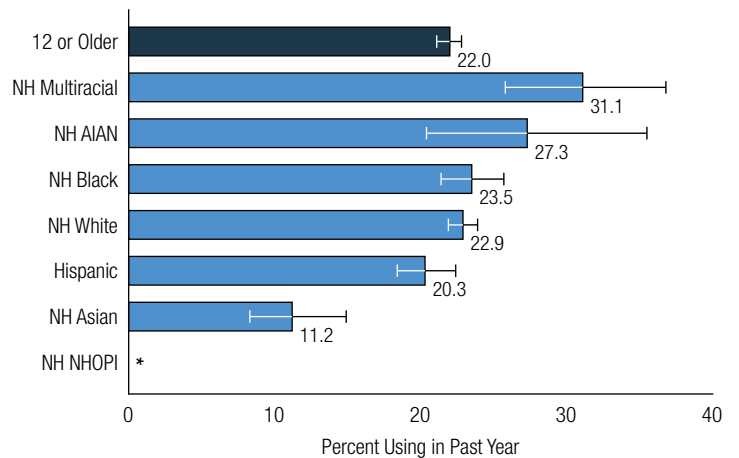
who dabbed waxes, shatter, or concentrates. Other modes of marijuana use were less common across all three age groups.

By Race/Ethnicity

In 2022, the percentage of people aged 12 or older who used marijuana in the past year was higher among Multiracial people (31.1 percent) than among Black (23.5 percent), White (22.9 percent), Hispanic (20.3 percent), or Asian people (11.2 percent) (Figure 17 and Table B.7B). Asian people were less likely to have used marijuana in the past year compared with people in other racial or ethnic groups including American Indian or Alaska Native people (27.3 percent). Black or White people were more likely to have used marijuana in the past year compared with Hispanic people. Estimates for marijuana use in the past year did not differ among Black or White people. The estimate of marijuana use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Among people aged 12 or older in 2022 who used marijuana in the past year, smoking was the most common mode of use across most racial and ethnic groups (Table B.8B). Smoking and eating or drinking were the most common modes among Asian people who used marijuana in the past year. For Black or White people, eating or drinking was the second most common mode, followed by vaping, then by dabbing waxes, shatter, or concentrates. For Multiracial or Hispanic people, eating or drinking and vaping were the second most common modes, followed by dabbing waxes, shatter, or concentrates.

Figure 17. Past Year Marijuana Use: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Percentages of past year marijuana users aged 12 or older in 2022 who smoked marijuana ranged from 68.7 percent of Asian people to 88.1 percent of American Indian or Alaska Native people (Table B.8B). Asian people who used marijuana in the past year were less likely to smoke it compared with past year American Indian or Alaska Native, Multiracial (87.9 percent), or Black marijuana users (87.8 percent). White people who used marijuana in the past year also were less likely to smoke it (75.7 percent) compared with past year American Indian or Alaska Native, Multiracial, Black, or Hispanic marijuana users (80.9 percent). Hispanic people who used marijuana in the past year also were less likely to smoke it compared with past year Multiracial or Black marijuana users.

About half or more of past year Asian or White marijuana users in 2022 ate or drank marijuana in the past year (57.3 and 50.6 percent, respectively) (Table B.8B). In comparison, only about one third of past year Black or American Indian or Alaska Native marijuana users ate or drank marijuana (35.2 and 33.2 percent, respectively). In addition, White people who used marijuana in the past year were more likely than their Hispanic counterparts to eat or drink it (42.1 percent). Also, Black people who used marijuana in the past year were less likely than Hispanic people to eat or drink it.

An estimated 22.5 percent of Black people aged 12 or older in 2022 who used marijuana in the past year vaped it (Table B.8B). This percentage was lower than the percentages among past year Hispanic (40.6 percent), White (38.7 percent), or Multiracial marijuana users (36.5 percent). As noted previously, lower percentages of past year marijuana users in 2022 dabbed waxes, shatter, or concentrates; percentages for this mode of use among past year marijuana users ranged from 9.5 percent of Black people to 25.6 percent of American Indian or Alaska Native people. Except for Asian people who used marijuana in the past year (12.4 percent), Black people who used marijuana in the past year were less likely than people in other racial or ethnic groups to have dabbed waxes, shatter, or concentrates. The estimates for modes of marijuana use in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Cocaine Use

Cocaine use includes the use of crack. Estimates of crack use are presented separately as well. Among people aged 12 or older in 2022, 1.9 percent (or 5.3 million people) used

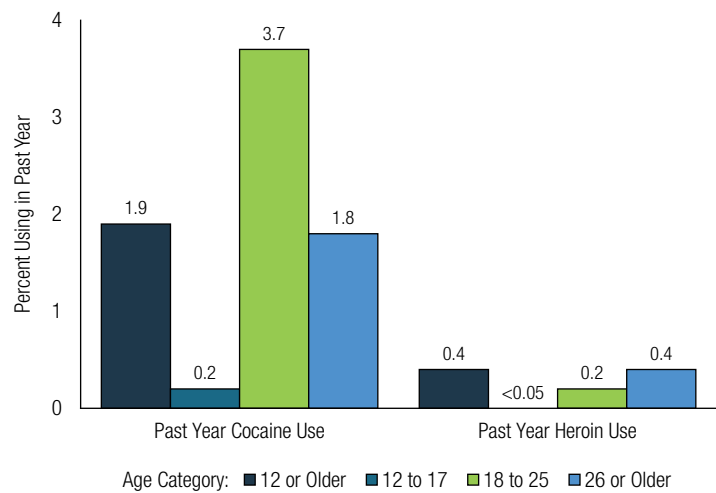
cocaine in the past year (Figures 13 and 18 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (3.7 percent or 1.3 million people), followed by adults aged 26 or older (1.8 percent or 3.9 million people), then by adolescents aged 12 to 17 (0.2 percent or 40,000 people).

In 2022, an estimated 0.3 percent of people aged 12 or older (or 918,000 people) used crack in the past year (Table A.5B). The percentage of crack use could not be calculated with sufficient precision for adolescents aged 12 to 17.¹³ The percentage among adults aged 26 or older (0.4 percent or 877,000 people) was higher than the percentage among young adults aged 18 to 25 (0.1 percent or 39,000 people).

By Race/Ethnicity

In 2022, cocaine use in the past year among people aged 12 or older did not differ significantly among racial or ethnic groups (Table B.7B). Percentages ranged from 0.9 percent among Asian people to 2.3 percent among American Indian or Alaska Native people. However, Black people (0.9 percent) were more likely to have used crack in the past year compared with White (0.3 percent) or Hispanic people (0.1 percent).

Figure 18. Past Year Cocaine Use or Past Year Heroin Use: Among People Aged 12 or Older; 2022



Heroin Use

Among people aged 12 or older in 2022, 0.4 percent (or 1.0 million people) used heroin in the past year (Figures 13 and 18 and Table A.5B). The percentage was highest among adults aged 26 or older (0.4 percent or 991,000 people), followed by young adults aged 18 to 25 (0.2 percent or 55,000 people), then by adolescents aged 12 to 17 (less than 0.05 percent or 3,000 people).

Methamphetamine Use

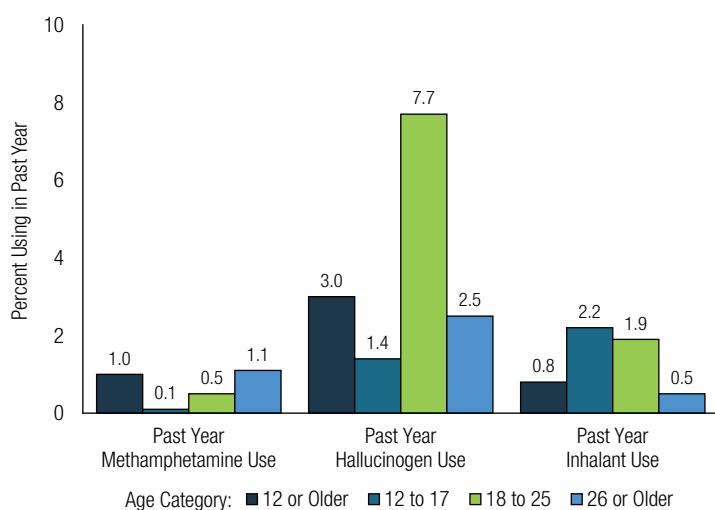
Although methamphetamine is legally available by prescription (Desoxyn®), most methamphetamine used in the United States is produced and distributed illicitly rather than through the pharmaceutical industry. Therefore, the 2022 NSDUH includes separate sections for methamphetamine use and the use and misuse of prescription stimulants.

Among people aged 12 or older in 2022, 1.0 percent (or 2.7 million people) used methamphetamine in the past year (Figures 13 and 19 and Table A.5B). Adolescents aged 12 to 17 had the lowest estimate of past year methamphetamine use (0.1 percent or 18,000 people). Percentages increased with age (0.5 percent of young adults aged 18 to 25 or 161,000 people; 1.1 percent of adults aged 26 or older or 2.5 million people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who used methamphetamine in the past year was higher among White people (1.1 percent) than among Black people (0.4 percent) (Table B.9B).

Figure 19. Past Year Methamphetamine Use, Past Year Hallucinogen Use, or Past Year Inhalant Use: Among People Aged 12 or Older; 2022



Hallucinogen Use

Several drugs are grouped under the category of hallucinogens, including LSD, PCP, peyote, mescaline, psilocybin mushrooms, “Ecstasy” (MDMA or “Molly”), ketamine, DMT/AMT/“Foxy,” and *Salvia divinorum*.²⁹ In 2022, 3.0 percent of people aged 12 or older (or

8.5 million people) used hallucinogens in the past year (Figures 13 and 19 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (7.7 percent or 2.7 million people), followed by adults aged 26 or older (2.5 percent or 5.5 million people), then by adolescents aged 12 to 17 (1.4 percent or 358,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who used hallucinogens in the past year was higher among Multiracial people (4.5 percent) or White people (3.3 percent) than among Black people (2.1 percent) (Table B.9B).

Inhalant Use

Inhalants include volatile solvents (e.g., paint thinners and removers, dry cleaning fluids, degreasers, gasoline, glues, shoe polish, correction fluids, felt-tip markers), aerosols (e.g., spray paints, deodorant and hair sprays, fabric protector sprays, computer keyboard cleaner), gases (e.g., ether, halothane, nitrous oxide, butane, propane), and nitrites (e.g., amyl nitrite, “poppers,” locker room deodorizers, “rush”). NSDUH respondents were asked to report the use of inhalants to get high but not to include accidental inhalation of a substance.

Among people aged 12 or older in 2022, 0.8 percent (or 2.3 million people) used inhalants in the past year (Figures 13 and 19 and Table A.5B). The percentage of people who used inhalants in the past year was similar among adolescents aged 12 to 17 (2.2 percent or 554,000 people) and young adults aged 18 to 25 (1.9 percent or 647,000 people). A lower percentage of adults aged 26 or older used inhalants in the past year (0.5 percent or 1.1 million people).

By Race/Ethnicity

Percentages of people aged 12 or older in 2022 who used inhalants in the past year were higher among Asian (1.0 percent), White (0.8 percent), or Hispanic people (0.8 percent) than among Native Hawaiian or Other Pacific Islander people (less than 0.05 percent) (Table B.9B). White people also were more likely than Black people to have used inhalants in the past year (0.8 vs. 0.5 percent).

Misuse of Prescription Psychotherapeutic Drugs

The 2022 NSDUH assessed the use and misuse of psychotherapeutic drugs currently or recently available by prescription in the United States, including prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers. In NSDUH, misuse of prescription drugs

was defined as use in any way not directed by a doctor, including use without a prescription of one’s own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Misuse of over-the-counter (OTC) drugs was not included.

Among people aged 12 or older in 2022, 5.0 percent (or 14.2 million people) misused prescription psychotherapeutic drugs in the past year (Table A.5B). The percentage was highest among young adults aged 18 to 25 (7.3 percent or 2.5 million people), followed by adults aged 26 or older (5.0 percent or 11.0 million people), then by adolescents aged 12 to 17 (2.5 percent or 640,000 people).

Of the prescription drugs presented in this report, prescription pain relievers were the most commonly misused prescription drug by people aged 12 or older. The 14.2 million people in 2022 who misused prescription psychotherapeutic drugs in the past year included 8.5 million people who misused prescription pain relievers, 4.8 million people who misused prescription tranquilizers or sedatives (including 3.7 million past year misusers of benzodiazepines²), and 4.3 million people who misused prescription stimulants (Figure 13).

Prescription Stimulant Misuse

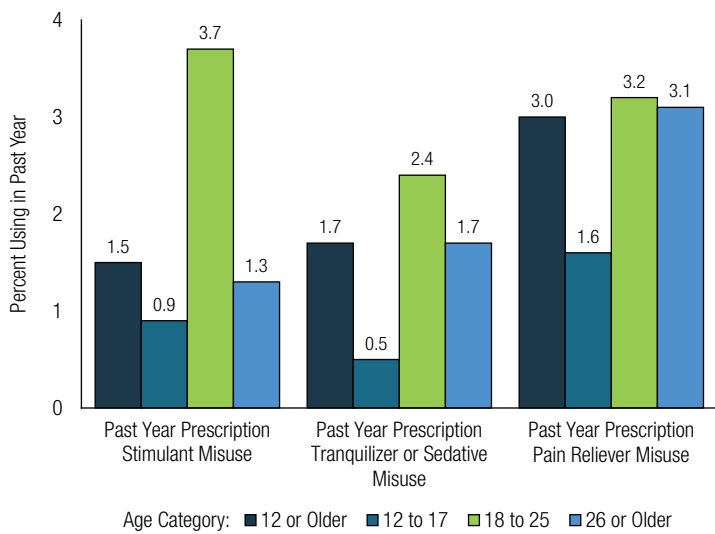
The 2022 NSDUH assessed the misuse of prescription stimulants in the following categories: amphetamine products, methylphenidate products, anorectic (weight-loss) stimulants, Provigil®, or any other prescription stimulant. The amphetamine and methylphenidate products included in the NSDUH questionnaire are primarily prescribed for the treatment of attention-deficit/hyperactivity disorder (ADHD). Methamphetamine is not included as a prescription stimulant, unless respondents specified the prescription form of methamphetamine (Desoxyn®) as some other stimulant they had misused in the past year.³⁰

Among people aged 12 or older in 2022, 1.5 percent (or 4.3 million people) misused prescription stimulants in the past year (Figures 13 and 20 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (3.7 percent or 1.3 million people), followed by adults aged 26 or older (1.3 percent or 2.8 million people), then by adolescents aged 12 to 17 (0.9 percent or 226,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who misused prescription stimulants in the past year was

Figure 20. Past Year Prescription Stimulant Misuse, Past Year Prescription Tranquilizer or Sedative Misuse, or Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older, 2022



higher among Multiracial (2.3 percent) or White people (1.7 percent) than among Asian people (0.7 percent) (Table B.10B). The percentage was also higher among White people than among Black people (0.9 percent). The percentage of people who misused prescription stimulants in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Prescription Tranquilizer or Sedative Misuse

Estimates of the misuse of prescription tranquilizers or sedatives are presented together because prescription drugs in both categories have a common effect on specific activity in the brain. Prescription tranquilizers include benzodiazepine tranquilizers (e.g., as alprazolam, lorazepam, clonazepam, or diazepam products), muscle relaxants, or any other prescription tranquilizer. Prescription sedatives include zolpidem products, eszopiclone products, zaleplon products, benzodiazepine sedatives (e.g., as flurazepam, temazepam products, or triazolam products), barbiturates, or any other prescription sedative.

Among people aged 12 or older in 2022, 1.7 percent (or 4.8 million people) misused prescription tranquilizers or sedatives in the past year (Figures 13 and 20 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (2.4 percent or 842,000 people), followed by adults aged 26 or older (1.7 percent or 3.9 million people), then by adolescents aged 12 to 17 (0.5 percent or 137,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who misused prescription tranquilizers or sedatives in the past year was higher among Multiracial (2.5 percent), White (2.0 percent), or Hispanic people (1.5 percent) than among Asian people (0.7 percent) ([Table B.10B](#)). The percentage among White people was also higher than the percentage among Black people (1.1 percent). The percentage of people who misused prescription tranquilizers or sedatives in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Prescription Benzodiazepine Misuse

Prescription benzodiazepines are a subcategory of drugs that may be prescribed either as tranquilizers for the relief of anxiety or as sedatives for the relief of insomnia. Benzodiazepines prescribed as tranquilizers are typically metabolized more slowly than benzodiazepines prescribed as sedatives.³¹ Nevertheless, benzodiazepines are chemically similar, regardless of whether they are prescribed as tranquilizers or sedatives.

Among people aged 12 or older in 2022, 1.3 percent (or 3.7 million people) misused prescription benzodiazepines in the past year ([Table A.5B](#)). The percentage was highest among young adults aged 18 to 25 (2.1 percent or 747,000 people), followed by adults aged 26 or older (1.3 percent or 2.8 million people), then by adolescents aged 12 to 17 (0.4 percent or 113,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who misused prescription benzodiazepines in the past year was higher among White people (1.5 percent) than among Black (0.7 percent) or Asian people (0.6 percent) ([Table B.10B](#)). The percentage of people who misused prescription benzodiazepines in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Prescription Pain Reliever Misuse

The 2022 NSDUH assessed the misuse of prescription pain relievers in the following categories: products containing hydrocodone, oxycodone, tramadol, codeine, morphine, prescription fentanyl,³² buprenorphine, oxycodone, and hydromorphone, as well as Demerol®, methadone, or any other prescription pain reliever. This section provides estimates of the misuse of any prescription pain reliever

and specific subtypes of prescription pain relievers, the main reason for the most recent misuse of prescription pain relievers, and where people obtained the prescription pain relievers that they most recently misused in the past year.

Among people aged 12 or older in 2022, 3.0 percent (or 8.5 million people) misused prescription pain relievers in the past year ([Figures 13](#) and [20](#) and [Table A.5B](#)). The percentage was lower among adolescents aged 12 to 17 (1.6 percent or 406,000 people) than among young adults aged 18 to 25 (3.2 percent or 1.1 million people) or adults aged 26 or older (3.1 percent or 7.0 million people).

By Race/Ethnicity

The percentage of people in 2022 who misused prescription pain relievers in the past year was higher among Multiracial (4.4 percent), Black (3.8 percent), Hispanic (3.3 percent), or White people (2.8 percent) than among Asian people (1.4 percent) ([Table B.11B](#)).

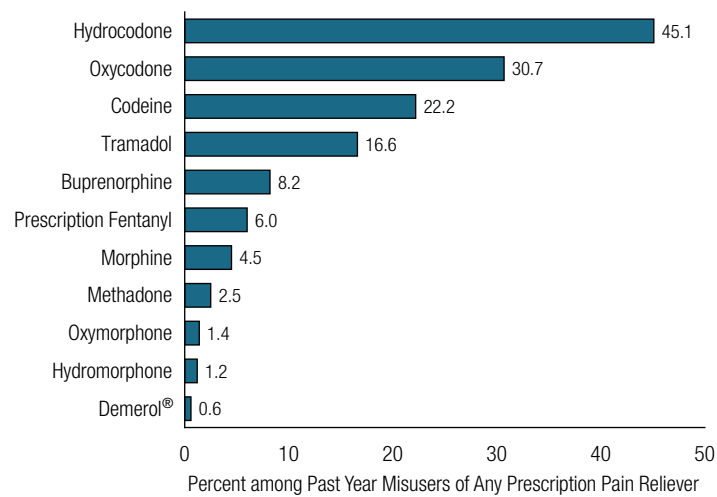
Misuse of Subtypes of Prescription Pain Relievers

The 2022 NSDUH asked respondents to identify specific prescription pain relievers they used in the past year, then asked whether they misused those prescription pain relievers in the past year. The specific prescription pain relievers people misused in the past year were categorized into subtypes. For example, respondents who reported misusing the prescription pain relievers Vicodin® or hydrocodone were classified as misusers of hydrocodone products.

This section presents two ways of examining the misuse of subtypes of prescription pain relievers. First, it presents estimates of the misuse of subtypes among people aged 12 or older who misused any prescription pain reliever in the past year. Then, it presents estimates of the misuse of subtypes of prescription pain relievers among people who used that subtype for any reason in the past year (i.e., not necessarily misuse). See the [Misuse of Prescription Psychotherapeutic Drugs](#) section for the definition of misuse.

Among the 8.5 million people aged 12 or older in 2022 who misused prescription pain relievers in the past year, 45.1 percent (or 3.7 million people) misused hydrocodone products in the past year ([Figures 13](#) and [21](#) and [Table A.7B](#)). Hydrocodone products, including Vicodin®, Lortab®, Norco®, and generic hydrocodone, have traditionally been the most commonly prescribed opioids and therefore could be more readily available for misuse.^{33,34} Consistent with these prescribing practices, hydrocodone products were

Figure 21. Past Year Prescription Pain Reliever Subtype Misuse: Among People Aged 12 or Older Who Misused Any Prescription Pain Reliever in the Past Year; 2022



the most commonly misused subtype of prescription pain relievers for 2022. In addition, 30.7 percent of past year misusers of prescription pain relievers (or 2.5 million people) misused oxycodone products in the past year, including OxyContin®, Percocet®, Percodan®, Roxicodone®, and generic oxycodone. Nearly 1 in 4 people aged 12 or older who misused prescription pain relievers in the past year were misusers of codeine products in the past year (22.2 percent or 1.9 million people). These also have been commonly prescribed opioids.³⁴

An estimated 6.0 percent of people aged 12 or older in 2022 who misused prescription pain relievers in the past year (or 507,000 people) were misusers of prescription fentanyl products (Figure 21 and Table A.7B). This estimate does not include people who used illegally made fentanyl (IMF) only. The [Other Substance Use or Misuse in the Past Year](#) section contains additional information about IMF.

However, most people aged 12 or older in 2022 who used prescription pain relievers for any reason in the past year did not misuse them in that period (Figure 22 and Table A.7B). Although hydrocodone products were the most commonly misused prescription pain reliever subtype in the past year, only 10.2 percent of people who used hydrocodone products for any reason in the past year misused them in that period. Among people who used buprenorphine products for any reason in the past year, 19.5 percent misused them, and 80.5 percent did not. Among people who used prescription fentanyl products for any reason in the past year, 19.0 percent misused them, and 81.0 percent did not. Stated another way, more than four fifths of past year

buprenorphine users and prescription fentanyl product users did *not* misuse them in that period.

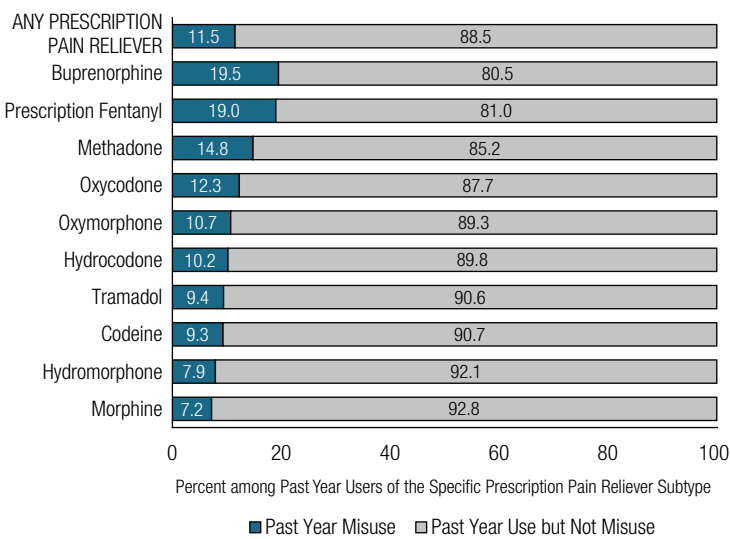
Main Reasons for the Last Misuse of Prescription Pain Relievers

Respondents in the 2022 NSDUH who reported prescription pain reliever misuse in the past year were asked to report the reasons for misusing the last prescription pain reliever they misused. Respondents who reported more than one reason for misusing the last prescription pain reliever were asked to report their main reason for misusing it.

Among people aged 12 or older in 2022 who misused prescription pain relievers in the past year, the most common main reason for their last misuse of a prescription pain reliever was to relieve physical pain (67.3 percent) (Table A.8B). Based on the NSDUH definition, use without a prescription of one’s own or overuse of prescribed medication (e.g., use at a higher dosage or more often than prescribed) are both classified as misuse even if the use was for the purpose of pain relief.

In addition, 8.4 percent of people aged 12 or older in 2022 who misused prescription pain relievers in the past year misused a prescription pain reliever the last time to feel good or get high, and 6.7 percent misused a prescription pain reliever the last time to relax or relieve tension. Other main reasons for the last misuse were to help with sleep (5.5 percent), to help with feelings or emotions (4.3 percent), because people were “hooked” or needed to

Figure 22. Past Year Prescription Pain Reliever Subtype Misuse: Among All Past Year Users of Prescription Pain Reliever Subtypes Aged 12 or Older; 2022



Note: Estimates for Demerol® are not shown due to low precision.

have the drug (4.0 percent), to experiment or see what the drug was like (1.5 percent), and to increase or decrease the effects of other drugs (0.7 percent) ([Table A.8B](#)).

Source of the Last Prescription Pain Reliever That Was Misused

Among people aged 12 or older in 2022 who misused prescription pain relievers in the past year, 44.6 percent obtained the pain relievers the last time from a friend or relative in some way (i.e., being given them, buying them, or taking them without asking), and 41.3 percent obtained pain relievers the last time through prescription(s) or stole pain relievers from a healthcare provider, typically getting the pain relievers through a prescription from one doctor (38.6 percent) ([Figure 23](#) and [Table A.9B](#)).

An estimated 32.3 percent of people aged 12 or older in 2022 who misused prescription pain relievers in the past year obtained pain relievers the last time by getting them from a friend or relative for free, 9.0 percent bought their last pain reliever from a friend or relative, and 3.2 percent took their last pain reliever from a friend or relative without asking. About 1 in 12 people who misused pain relievers in the past year (8.5 percent) bought the last pain reliever they misused from a drug dealer or other stranger. An estimated 0.4 percent of people who misused prescription pain relievers in the past year stole them from a doctor's office, clinic, hospital, or pharmacy.

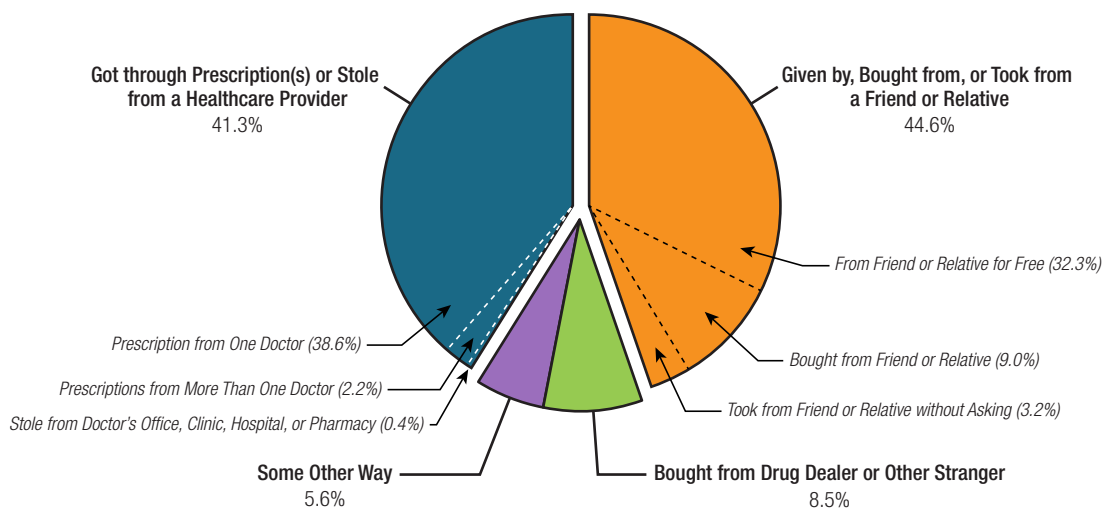
Opioid Misuse

Opioids are a group of chemically similar drugs that include heroin and prescription opioids, such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), and morphine. In this report, opioid misuse includes the misuse of prescription pain relievers or the use of heroin. Prescription pain relievers could include some nonopioids because respondents could occasionally specify the misuse of other prescription pain relievers that are not opioids. In this report, opioid misuse does not include use of IMF. For additional information on estimates of opioid misuse that do include use of IMF, see Section 1 of the 2022 Detailed Tables.²⁶

Among people aged 12 or older in 2022, 3.2 percent (or 8.9 million people) misused opioids in the past year ([Figure 24](#) and [Table A.5B](#)). Similar to the misuse of prescription pain relievers in the past year, the percentage of people who misused opioids in the past year was lowest among adolescents aged 12 to 17 (1.6 percent or 406,000 people). Percentages were similar among young adults aged 18 to 25 (3.2 percent or 1.1 million people) and adults aged 26 or older (3.3 percent or 7.4 million people).

The vast majority of people in 2022 who misused opioids in the past year misused prescription pain relievers ([Figure 24](#) and [Table A.10AB](#)). Specifically, 8.5 million people aged 12 or older misused prescription pain relievers in the past year

Figure 23. Source where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2022

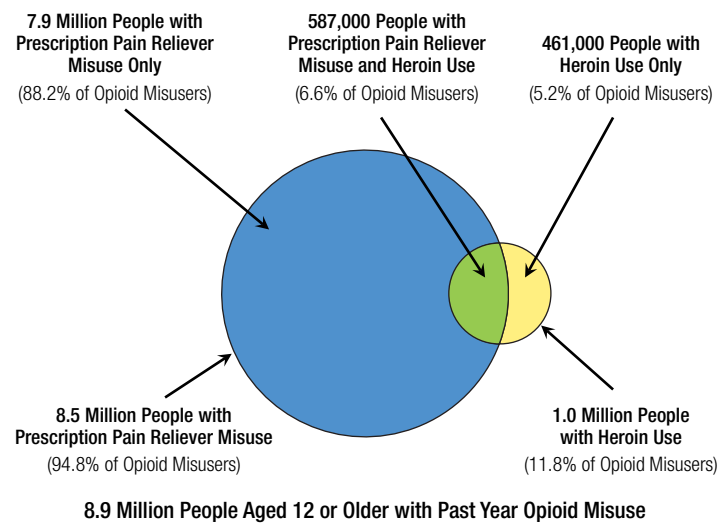


8.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Note: The percentages may not add to 100 percent due to rounding.

Figure 24. Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2022



Note: These estimates do not include illegally made fentanyl.

compared with 1.0 million people who used heroin. The majority of the 8.5 million misusers of prescription pain relievers misused only prescription pain relievers in the past year (7.9 million people), but they had not used heroin. An estimated 587,000 people misused prescription pain relievers and used heroin in the past year, and 461,000 people used heroin in the past year but had not misused prescription pain relievers.

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who misused opioids in the past year was higher among Multiracial (4.5 percent), Black (4.1 percent), Hispanic (3.4 percent), or White people (3.0 percent) than among Asian people (1.5 percent) (Table B.11B). Black people also were more likely than White people to have misused opioids in the past year.

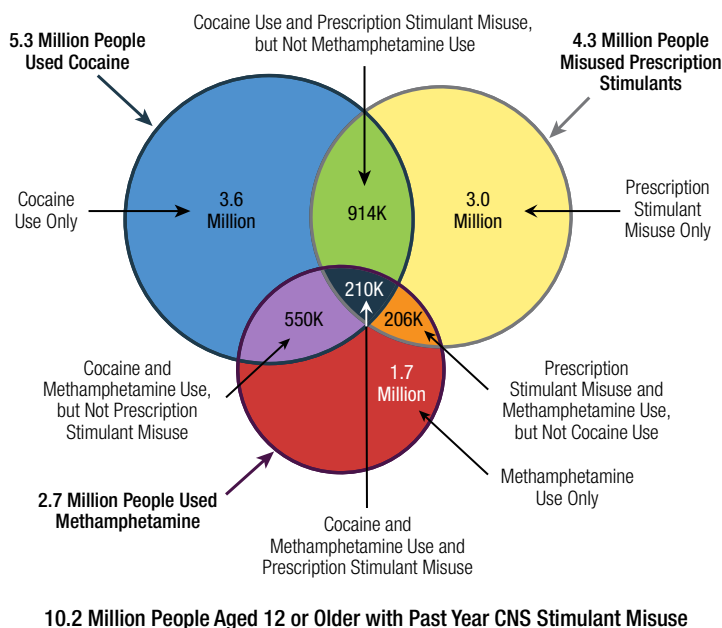
Central Nervous System Stimulant Misuse

Central nervous system (CNS) stimulants are a group of drugs that include cocaine, methamphetamine, and prescription stimulants. These drugs act in similar ways to stimulate the brain. They produce stimulant effects, such as increased alertness, wakefulness, or energy. They also can produce physical side effects of rapid or irregular heartbeat or increased blood pressure and body temperature.^{35,36,37} In this report, CNS stimulant misuse includes the use of cocaine or methamphetamine or the misuse of prescription stimulants.

Among people aged 12 or older in 2022, 3.6 percent (or 10.2 million people) misused CNS stimulants in the past year (Figure 25 and Table A.5B). The percentage was highest among young adults aged 18 to 25 (6.5 percent or 2.3 million people), followed by adults aged 26 or older (3.5 percent or 7.6 million people), then by adolescents aged 12 to 17 (1.1 percent or 272,000 people).

Of the 10.2 million people aged 12 or older in 2022 who misused CNS stimulants in the past year, 210,000 used or misused all three CNS stimulants in the past year (2.1 percent of people who misused CNS stimulants) (Figure 25 and Table A.11AB). Among people who misused CNS stimulants in the past year, over one third used only cocaine (35.3 percent or 3.6 million people), over one fourth misused only prescription stimulants (29.1 percent or 3.0 million people), and about 1 in 6 used only methamphetamine (17.1 percent or 1.7 million people). In addition to the 210,000 people who used or misused all three CNS stimulants in the past year, 914,000 people used cocaine and misused prescription stimulants but did not use methamphetamine (9.0 percent of CNS stimulant misusers), 550,000 used cocaine and methamphetamine but did not misuse prescription stimulants (5.4 percent of CNS stimulant misusers), and 206,000 used methamphetamine and misused prescription stimulants but did not use cocaine (2.0 percent of CNS stimulant misusers).

Figure 25. Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2022



By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who misused CNS stimulants in the past year was higher among Multiracial (5.0 percent), White (3.9 percent), or Hispanic people (3.6 percent) than among Asian people (1.5 percent) ([Table B.11B](#)). White people also were more likely than Black people (2.6 percent) to have misused CNS stimulants in the past year. The percentage of people who misused CNS stimulants in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Other Substance Use or Misuse in the Past Year

The 2022 NSDUH collected information on the use and misuse of additional substances that can produce mind-altering effects. These substances include illegally made fentanyl (IMF), GHB, the misuse of nonprescription cold and cough medicine, kratom, synthetic marijuana (fake weed, K2, or Spice), and synthetic stimulants (“bath salts” or flakka).

Fentanyl Misuse, Including Illegally Made Fentanyl

Fentanyl misuse, particularly the use of IMF, has been of growing interest because of IMF’s involvement in increases in fatal overdoses involving opioids.^{38,39} Fentanyl is 50 to 100 times stronger than morphine. Therefore, the risks for overdose or other adverse effects are substantially increased when people use fentanyl, especially among people whose bodies are not accustomed to the effects of opioids. IMF is sometimes present in products that are sold as heroin or in counterfeit prescription drugs. However, people who use IMF are often not aware they are doing so.^{40,41,42,43} The physical appearance or taste of a product or the purchase of drugs from a known source are not reliable indicators of whether they contain IMF. A drug product’s physical effects can be a better but not completely reliable indicator of whether the product contains IMF, especially if people have had substantial experience using opioids such as heroin. As IMF becomes increasingly present in the drug supply, people who regularly use drugs are becoming more aware of its presence and have shown interest in using fentanyl test strips to test their drugs for fentanyl.^{44,45}

Among people aged 12 or older in 2022, 0.4 percent (or 991,000 people) misused fentanyl in the past year, including 0.1 percent of adolescents aged 12 to 17, 0.2 percent of young adults aged 18 to 25, and 0.4 percent of adults aged 26 or older ([Table A.12B](#)). Corresponding estimated

numbers of people who misused fentanyl in the past year were 34,000 adolescents aged 12 to 17, 75,000 young adults aged 18 to 25, and 882,000 adults aged 26 or older.

IMF Use

Because people who used IMF may have been unaware that they used it, caution must be taken in interpreting estimates of IMF use; these estimates are almost certainly an underestimate of true IMF use.

Among people aged 12 or older in 2022, 0.2 percent (or 686,000 people) used IMF in the past year, including 0.1 percent of adolescents aged 12 to 17, 0.1 percent of young adults aged 18 to 25, and 0.3 percent of adults aged 26 or older ([Table A.12B](#)). Corresponding estimated numbers of people who used IMF in the past year were 20,000 adolescents aged 12 to 17, 48,000 young adults aged 18 to 25, and 617,000 adults aged 26 or older.

GHB Use

Gamma hydroxybutyrate (GHB, also called “G,” “Georgia Home Boy,” “Grievous Bodily Harm,” or “Liquid G”) is a CNS depressant. GHB can produce hallucinations, euphoria, drowsiness, decreased anxiety, and excited and aggressive behavior. Regular use of GHB can lead to addiction and withdrawal. GHB that is not produced as a pharmaceutical product with U.S. Food and Drug Administration (FDA) approval is classified as a Schedule I controlled substance in the United States.^{46,47}

Among people aged 12 or older in 2022, 0.1 percent (or 211,000 people) used GHB in the past year ([Table A.12B](#)). Less than 0.05 percent each of adolescents aged 12 to 17 and young adults aged 18 to 25 and 0.1 percent of adults aged 26 or older used GHB in the past year. Corresponding estimated numbers of people who used GHB in the past year were 4,000 adolescents aged 12 to 17, 3,000 young adults aged 18 to 25, and 204,000 adults aged 26 or older.

Nonprescription Cough and Cold Medicine Misuse

The cough suppressant dextromethorphan (DXM) is found in many cough and cold medicines. These medicines are available without a prescription (i.e., OTC) in the United States and are generally considered safe when used appropriately. When taken in large amounts, however, DXM can produce hallucinations or dissociative, “out-of-body” experiences. These effects are similar to those caused by the hallucinogens PCP and ketamine. Other drugs

found in OTC cough and cold medicines also can have psychoactive effects. For example, the OTC antihistamine diphenhydramine (found in the brand-name drug Benadryl®) can produce sedative side effects, such as drowsiness.⁴⁸ The OTC decongestant phenylephrine (found in the brand-name drug Sudafed PE®) can produce stimulant side effects, such as nervousness and sleeplessness.⁴⁹ The 2022 NSDUH questionnaire asked respondents aged 12 or older about their use of nonprescription cough or cold medicines in the past 12 months for the purpose of getting high (i.e., “misuse”).

Among people aged 12 or older in 2022, 0.8 percent (or 2.2 million people) misused nonprescription cough and cold medicines in the past year (Table A.12B). Similar percentages of people in each age group misused cough and cold medicines in the past year (0.6 percent of adolescents aged 12 to 17, 0.9 percent of young adults aged 18 to 25, and 0.8 percent of adults aged 26 or older). Corresponding estimated numbers of people who misused cough and cold medicines in the past year were 162,000 adolescents aged 12 to 17, 296,000 young adults aged 18 to 25, and 1.8 million adults aged 26 or older.

Kratom Use

Kratom is an herbal extract from the leaves of the *Mitragyna speciosa* tree that is native to Southeast Asia. The leaves contain chemicals with mind-altering effects. Kratom can come in forms such as powders, pills, or leaves.^{50,51} The 2022 NSDUH asked respondents aged 12 or older about their use of kratom in the 12 months before the interview.

Among people aged 12 or older in 2022, 0.7 percent (or 1.9 million people) used kratom in the past year (Table A.12B). The percentage was highest among young adults aged 18 to 25 (1.1 percent or 371,000 people), followed by adults aged 26 or older (0.7 percent or 1.5 million people), then by adolescents aged 12 to 17 (0.1 percent or 26,000 people).

Synthetic Marijuana Use

Synthetic cannabinoids are human-made chemicals that are similar to chemicals found in the marijuana plant. For this reason, these drugs are sometimes called “synthetic marijuana” or “fake weed.” They can be contained in plant material that is later smoked. They are also sold as liquids to be vaporized (i.e., vaped) and inhaled in e-cigarettes and other devices.^{46,52} Several synthetic cannabinoids have been categorized as Schedule I controlled substances.⁴⁷

For simplicity, the 2022 NSDUH questionnaire asked respondents about their use of “synthetic marijuana” and included the slang terms “fake weed,” “K2,” and “Spice.” The 2022 NSDUH asked respondents aged 12 or older about their use of synthetic marijuana or fake weed in the 12 months before the interview.

Among people aged 12 or older in 2022, 0.3 percent (or 786,000 people) used synthetic marijuana in the past year (Table A.12B). The percentage was lower among adults aged 26 or older (0.2 percent or 462,000 people) than among adolescents aged 12 to 17 (0.4 percent or 105,000 people) or young adults aged 18 to 25 (0.6 percent or 220,000 people).

Synthetic Stimulant Use

Synthetic cathinones are human-made CNS stimulants that are chemically related to cathinone, a substance found in the khat plant. These substances can be marketed as “bath salts” or “flakka.”^{46,53} Several synthetic cathinones have been categorized as Schedule I controlled substances.⁴⁷

For simplicity, the 2022 NSDUH questionnaire asked respondents about their use of “synthetic stimulants” and included the slang terms “bath salts” and “flakka.” The 2022 NSDUH asked respondents aged 12 or older about their use of synthetic stimulants, also called “bath salts” or flakka, in the 12 months before the interview.

Among people aged 12 or older in 2022, 0.1 percent (or 216,000 people) used synthetic stimulants in the past year (Table A.12B). Similar percentages of people in each age group used synthetic stimulants: 0.1 percent each of adolescents aged 12 to 17 (or 37,000 people), young adults aged 18 to 25 (or 50,000 people), and adults aged 26 or older (or 129,000 people).

Initiation of Substance Use

The 2022 NSDUH included questions to measure the initiation of substance use, that is, the first use of particular substances during a person’s lifetime.⁵⁴ This report presents the estimated numbers of recent substance use initiates or prescription drug misuse initiates.⁵⁵ Recent initiates were substance users or prescription drug misusers who reported first using or misusing, respectively, a particular substance in the 12 months before the NSDUH interview.^{15,56,57} See the section on the [Misuse of Prescription Psychotherapeutic Drugs](#) for the definition of “misuse” of prescription drugs.

In particular, this report presents estimates separately for past year initiation of marijuana use, cocaine use, heroin use, methamphetamine use, hallucinogen use, inhalant use, prescription pain reliever misuse, prescription stimulant misuse, prescription tranquilizer misuse, and prescription sedative misuse. The report does not present estimates for past year initiation of any opioid misuse (heroin or prescription pain reliever), central nervous system stimulant misuse (cocaine, methamphetamine, or prescription stimulant), any illicit drug use (including prescription drug misuse), and any prescription tranquilizer or sedative misuse. The reason for these latter initiation estimates not being presented is discussed later in this introduction.

It is important to note the relationship between an aggregate measure of substance use (i.e., a measure including a group of substances) and the individual drugs that make up that aggregate measure. For example, crack (an individual drug) is a form of cocaine (a combined measure including crack and other forms of cocaine). If a person first used crack in the past year but first misused other forms of cocaine more than 12 months ago, that person would be a past year initiate of crack use but would not be a past year initiate of cocaine use.

These relationships are especially important to consider for the aggregate measure for the initiation of misuse of prescription psychotherapeutic drugs. There is potential for respondents to underreport lifetime (but not past year) misuse of prescription drugs.⁵⁸ If a respondent reported first misusing prescription stimulants in the past year, then the respondent would be a past year initiate of prescription stimulant misuse. However, if the respondent incorrectly answered “no” for the lifetime misuse of prescription drugs in other categories, then the respondent could be misclassified as a past year initiate for the misuse of any prescription drug. Because of this uncertainty, this report presents estimates for past year initiation of cocaine use, heroin use, methamphetamine use, prescription pain reliever misuse, prescription stimulant misuse, prescription tranquilizer misuse, and prescription sedative misuse separately and not for aggregate categories. Estimates for past year initiation of benzodiazepine misuse are not presented because some benzodiazepines in NSDUH were included as tranquilizers, and others were included as sedatives.⁵⁹

In addition, NSDUH respondents are asked how old they were when they first used or misused a substance. Respondents who first used a substance in the past year would need to recall only whether they first used the

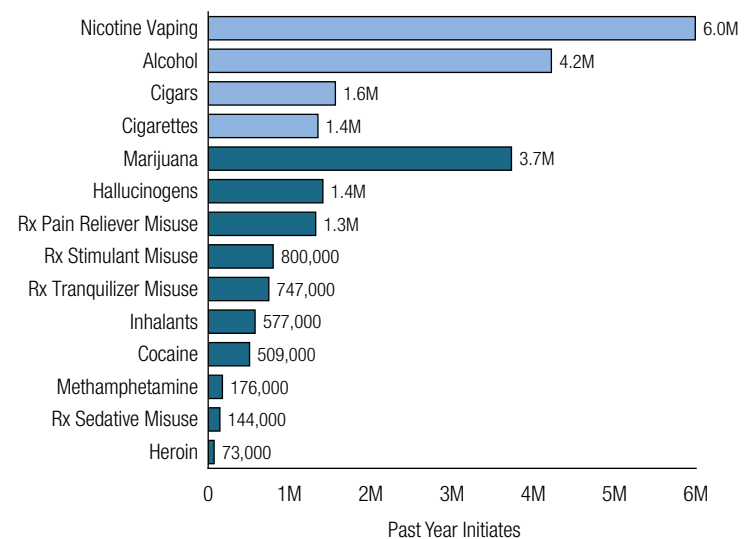
substance at their current age or at the age that was 1 year less than their current age. Information on the age when past year initiates first used a substance is useful for estimating whether past year initiates of the use of cigarettes, alcohol, or marijuana first used these substances before age 21 or after age 21.

[Figure 26](#) and [Table A.13A](#) provide an overview of the numbers of people aged 12 or older in 2022 who were past year initiates of the use or misuse of the substances discussed in this section. In the past 12 months, 6.0 million people vaped nicotine for the first time, 4.2 million people initiated alcohol use, 1.6 million people tried cigars for the first time, and 1.4 million people tried a cigarette for the first time. There were also 3.7 million new marijuana users, 1.4 million new hallucinogen users, 1.3 million new misusers of prescription pain relievers, 800,000 new misusers of prescription stimulants, and 747,000 new misusers of prescription tranquilizers. Other substances had smaller numbers of past year initiates.

Initiation of Cigarette Use

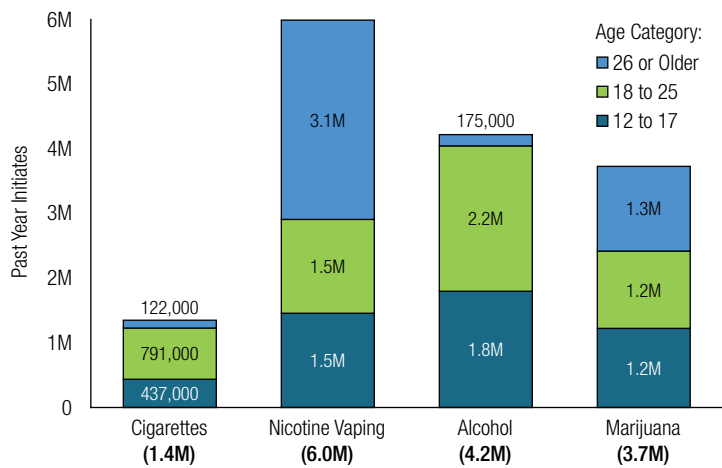
Among people aged 12 or older in 2022, 1.4 million people initiated cigarette smoking in the past year, meaning they had never smoked cigarettes before the past 12 months ([Figures 26](#) and [27](#) and [Table A.13A](#)). Most past year initiates tried cigarettes before age 26. In 2022, 437,000 adolescents aged 12 to 17, 791,000 young adults aged 18 to 25, and 122,000 adults aged 26 or older initiated cigarette smoking in the past year. Almost three fourths

Figure 26. Past Year Initiates of Substances: Among People Aged 12 or Older, 2022



Rx = prescription.

Figure 27. Past Year Cigarette, Nicotine Vaping, Alcohol, or Marijuana Initiates: Among People Aged 12 or Older; 2022



Note: The number in parentheses below each category label shows the total number of past year initiates aged 12 or older for that category. The numbers for the age categories may not add up to the number in parentheses due to rounding.

of the 1.4 million people in 2022 who initiated cigarette smoking in the past year did so before age 21 (71.4 percent or 965,000 people) (Figure 28 and Table A.14AB).

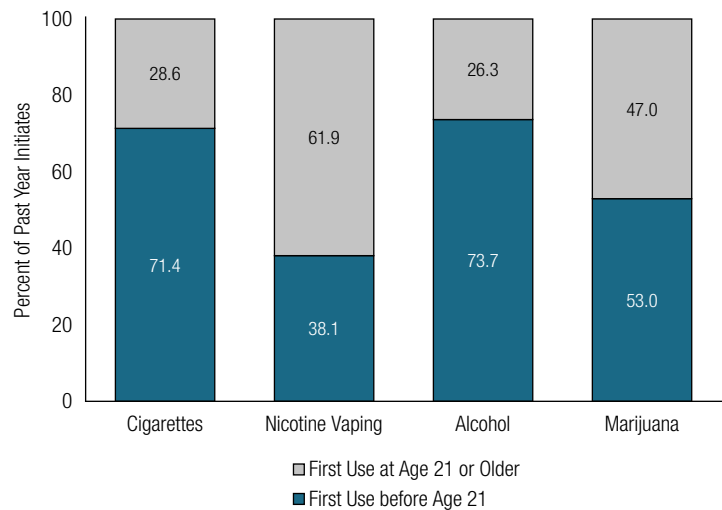
Initiation of Nicotine Vaping

The 2022 NSDUH included questions to measure the initiation of nicotine vaping in the past year. Among people aged 12 or older in 2022, 6.0 million people initiated nicotine vaping in the past year, meaning they had never vaped nicotine before the past 12 months (Figures 26 and 27 and Table A.13A). Approximately half of all people who initiated nicotine vaping in the past year were aged 26 or older. In 2022, 1.5 million adolescents aged 12 to 17, 1.5 million young adults aged 18 to 25, and 3.1 million adults aged 26 or older initiated nicotine vaping in the past year. Around 3 in 5 (61.9 percent) of the 6.0 million people in 2022 who initiated nicotine vaping in the past year did so at age 21 or older (3.7 million people) compared with 38.1 percent (or 2.3 million people) who did so before age 21 (Figure 28 and Table A.14AB).

Initiation of Alcohol Use

Among people aged 12 or older in 2022, 4.2 million people initiated alcohol use in the past year, not counting a sip or two from a drink (Figures 26 and 27 and Table A.13A). Among young adults aged 18 to 25 in 2022, 2.2 million people initiated alcohol use in the past year. In addition, 1.8 million adolescents aged 12 to 17 and 175,000 adults aged 26 or older initiated alcohol use in the past year. Consistent with the pattern of cigarette smoking initiation,

Figure 28. Initiation of Use before Age 21 and at Age 21 or Older: Among People Aged 12 or Older Who Were Past Year Initiates of the Substance; 2022



relatively few people in 2022 used alcohol for the first time after age 25. Also, nearly three fourths of the 4.2 million people in 2022 who initiated alcohol use in the past year did so before age 21 (73.7 percent or 3.1 million people) (Figure 28 and Table A.14AB).

Initiation of Marijuana Use

Among people aged 12 or older in 2022, 3.7 million people initiated marijuana use in any way in the past year (Figures 26 and 27 and Table A.13A). In 2022, 1.2 million adolescents aged 12 to 17, 1.2 million young adults aged 18 to 25, and 1.3 million adults aged 26 or older initiated marijuana use in the past year. Unlike people who initiated cigarette or alcohol use, about one third of people in 2022 who initiated marijuana use in the past year were aged 26 or older. More than half of the 3.7 million people in 2022 who initiated marijuana use in the past year did so before age 21 (53.0 percent or 2.0 million people) (Figure 28 and Table A.14AB).

Initiation of Cocaine Use

Among people aged 12 or older in 2022, 509,000 people initiated cocaine use in the past year (Figure 26 and Table A.13A).⁶⁰ Nearly three quarters of people who used cocaine for the first time in the past year were between ages 18 and 25. Among young adults aged 18 to 25, 369,000 people initiated cocaine use in the past year. In addition, 29,000 adolescents aged 12 to 17 and 110,000 adults aged 26 or older initiated cocaine use in the past year.

Initiation of Heroin Use

Among people aged 12 or older in 2022, 73,000 people initiated heroin use in the past year ([Figure 26](#) and [Table A.13A](#)). The number of adolescents aged 12 to 17 who initiated heroin use in the past year was not reported due to low statistical precision.¹³ Among young adults aged 18 to 25, 28,000 people initiated heroin use in the past year. Among adults aged 26 or older, 45,000 people initiated heroin use in the past year.

Initiation of Methamphetamine Use

Among people aged 12 or older in 2022, 176,000 people initiated methamphetamine use in the past year ([Figure 26](#) and [Table A.13A](#)). Approximately 3 in 5 people who used methamphetamine for the first time in the past year were older than age 25. Numbers of past year initiates of methamphetamine use by age group were 9,000 adolescents aged 12 to 17, 57,000 young adults aged 18 to 25, and 109,000 adults aged 26 or older.

Initiation of Hallucinogen Use

Among people aged 12 or older in 2022, 1.4 million people initiated hallucinogen use in the past year ([Figure 26](#) and [Table A.13A](#)).⁶⁰ This number includes 220,000 adolescents aged 12 to 17, 703,000 young adults aged 18 to 25, and 487,000 adults aged 26 or older.

Initiation of Inhalant Use

Among people aged 12 or older in 2022, 577,000 people initiated inhalant use in the past year ([Figure 26](#) and [Table A.13A](#)). Initiation of inhalant use was less common for adults older than age 25. Numbers of past year initiates of inhalant use by age group were 185,000 adolescents aged 12 to 17, 241,000 young adults aged 18 to 25, and 151,000 adults aged 26 or older.

Initiation of Prescription Stimulant Misuse

Among people aged 12 or older in 2022, 800,000 people initiated prescription stimulant misuse in the past year ([Figure 26](#) and [Table A.13A](#)). Among adults aged 26 or older, 397,000 people initiated prescription stimulant misuse in the past year. Corresponding numbers for young adults aged 18 to 25 and adolescents aged 12 to 17 were 294,000 people and 108,000 people, respectively.

Initiation of Prescription Tranquilizer Misuse

Among people aged 12 or older in 2022, 747,000 people initiated prescription tranquilizer misuse in the past year ([Figure 26](#) and [Table A.13A](#)). Approximately 7 in 10 people who misused prescription tranquilizers for the first time in the past year were older than age 25. Among adults aged 26 or older, 522,000 people initiated prescription tranquilizer misuse in the past year. Among young adults aged 18 to 25 and adolescents aged 12 to 17, 174,000 people and 51,000 people initiated prescription tranquilizer misuse in the past year, respectively.

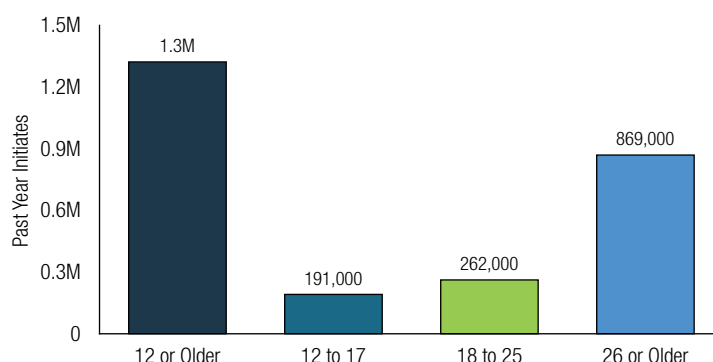
Initiation of Prescription Sedative Misuse

Among people aged 12 or older in 2022, 144,000 people initiated prescription sedative misuse in the past year ([Figure 26](#) and [Table A.13A](#)). Approximately 3 in 5 people who misused prescription sedatives for the first time in the past year were older than age 25. Numbers of past year initiates of prescription sedative misuse by age group were 16,000 adolescents aged 12 to 17, 38,000 young adults aged 18 to 25, and 89,000 adults aged 26 or older.

Initiation of Prescription Pain Reliever Misuse

Among people aged 12 or older in 2022, 1.3 million people initiated prescription pain reliever misuse in the past year ([Figures 26](#) and [29](#) and [Table A.13A](#)). About two thirds of people who misused prescription pain relievers for the first time in the past year were older than age 25. Among adults aged 26 or older, 869,000 people initiated prescription pain reliever misuse in the past year. Among young adults aged 18 to 25 and adolescents aged 12 to 17, numbers of people who initiated prescription pain reliever misuse in the past year were 262,000 people and 191,000 people, respectively.

Figure 29. Past Year Prescription Pain Reliever Misuse Initiates: Among People Aged 12 or Older; 2022



Perceived Risk from Substance Use

One factor that can influence whether people will use tobacco, alcohol, or illicit drugs is the extent to which they believe that using these substances might cause harm. In 2022, NSDUH respondents were asked how much they thought people risk harming themselves physically and in other ways when they use various substances in certain amounts or frequencies. Response choices for these items were “great risk,” “moderate risk,” “slight risk,” or “no risk.” Depending on the substance, respondents were asked about their perceived risk of harm from using a substance daily or using a substance once or twice a week (i.e., weekly use).

Figure 30 and Table A.15B present the percentages of people aged 12 or older in 2022 who perceived great risk of harm from the use of various substances. Risk perceptions across substances are not compared because of variations in the quantity and frequency of use across these substances.⁶¹ The 2022 Detailed Tables include additional measures of risk perceptions from substance use.²⁶

Among people aged 12 or older in 2022, 68.5 percent of people perceived great risk of harm from smoking one or more packs of cigarettes a day, and 68.5 percent perceived great risk from having four or five alcoholic drinks nearly every day. Percentages of people who perceived great risk from cocaine or heroin use once or twice a week were 83.2 and 91.9 percent, respectively. In contrast, one fourth of people (25.0 percent) perceived great risk from smoking marijuana once or twice a week (Figure 30 and Table A.15B).

In 2022, perceptions of great risk of harm from substance use varied by substance and age. For example, young adults aged 18 to 25 were less likely than adolescents aged 12 to 17 or adults aged 26 or older to perceive great risk of harm

from smoking marijuana weekly. In addition, adults aged 26 or older were more likely than adolescents aged 12 to 17 or young adults aged 18 to 25 to perceive great risk of harm from smoking one or more packs of cigarettes per day or to perceive great risk of harm from having four or five alcoholic drinks nearly every day (Table A.15B). Finally, adolescents aged 12 to 17 in 2022 were less likely than young adults aged 18 to 25 or adults aged 26 or older to perceive great risk from using heroin or cocaine weekly.

Additional data on finer age group categories that can be found in the 2022 Detailed Tables²⁶ indicate that the lower likelihood of adolescents than adults to perceive great risk of harm from cocaine and heroin use may be attributable to a general lack of knowledge about these substances among adolescents because younger adolescents aged 12 or 13 tended to have lower perceptions of the risk of harm compared with older adolescents or adults. Thus, age-specific communications are imperative from a public health perspective to help people fully understand important harms associated with the use of specific substances.

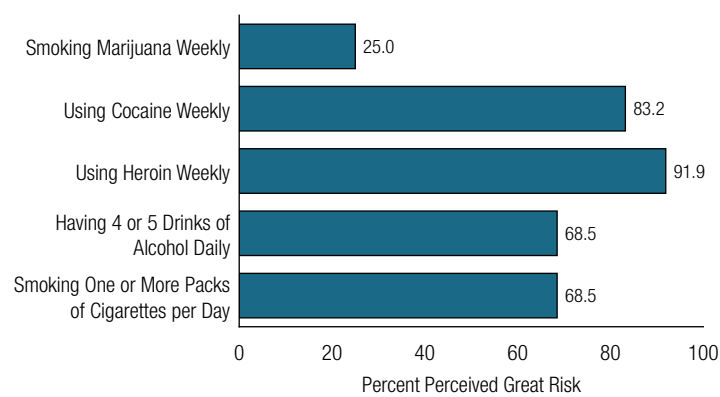
By Race/Ethnicity

Perceptions of great risk of harm from substance use among people aged 12 or older in 2022 varied by racial or ethnic group. Asian people aged 12 or older were more likely than people in most other racial or ethnic groups to perceive great risk of harm from many of the types of substance use presented in Table B.12B.

The percentage of people aged 12 or older in 2022 who perceived great risk of harm from smoking one or more packs of cigarettes per day was higher among Asian people (74.3 percent) than among Hispanic (69.2 percent), Black (68.5 percent), White (67.8 percent), Multiracial (66.9 percent), or American Indian or Alaska Native people (62.1 percent) (Table B.12B). The percentage of people who perceived great risk of harm from having four or five alcoholic drinks nearly every day was higher among Asian people (74.5 percent) than among people in most other racial or ethnic groups. This percentage was also higher among Hispanic (70.5 percent) or Black people (69.8 percent) than among White people (67.2 percent).

The percentage of people aged 12 or older in 2022 who perceived great risk from smoking marijuana once or twice a week also was higher among Asian people (44.2 percent) than among Hispanic (33.5 percent), American Indian or Alaska Native (25.9 percent), Black (24.9 percent),

Figure 30. Perceived Great Risk from Substance Use: Among People Aged 12 or Older; 2022



White (20.8 percent), or Multiracial people (17.6 percent) ([Table B.12B](#)). The percentage was also higher among Hispanic people than among Black, White, or Multiracial people. The percentage of people who perceived great risk from smoking marijuana once or twice a week could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Percentages of people aged 12 or older in 2022 who perceived great risk of harm from heroin use once or twice a week were high, ranging from 85.3 percent of Native Hawaiian or Other Pacific Islander people to 93.6 percent of White people ([Table B.12B](#)). White people were more likely than people in other racial or ethnic groups, except for Multiracial or Native Hawaiian or Other Pacific Islander people, to perceive great risk of harm from heroin use once or twice a week.

Perceptions of great risk of harm from cocaine use once or twice a week did not differ significantly among racial or ethnic groups, ranging from 79.3 percent of American Indian or Alaska Native people to 85.5 percent of Asian people. The percentage of people who perceived great risk from cocaine use once or twice a week could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Percentages of adolescents aged 12 to 17 in 2022 who perceived great risk of harm from different types of substance use also differed by race and ethnicity. Among adolescents aged 12 to 17 in 2022, percentages who perceived great risk of harm from smoking one or more packs of cigarettes per day ranged from 55.0 percent of Black adolescents to 68.3 percent of Multiracial adolescents ([Table B.13B](#)). Multiracial adolescents were more likely than Hispanic (58.2 percent) or Black adolescents to perceive great risk of harm from smoking one or more packs of cigarettes per day. Asian (66.0 percent) or White adolescents (61.9 percent) also were more likely than Black adolescents to perceive great risk of harm from smoking one or more packs of cigarettes per day. The percentage of adolescents who perceived great risk of harm from smoking one or more packs of cigarettes per day could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

Percentages of adolescents aged 12 to 17 in 2022 who perceived great risk of harm from cocaine use once or twice a week ranged from 72.1 percent among Black adolescents to

78.7 percent among Multiracial adolescents ([Table B.13B](#)). The percentage among White adolescents (78.3 percent) was greater than that among Black adolescents. Percentages did not differ significantly among other racial or ethnic groups for adolescents. The percentage of adolescents who perceived great risk of harm from cocaine use once or twice a week could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

The percentage of adolescents aged 12 to 17 who perceived great risk of harm from having four or five alcoholic drinks nearly every day ranged from 57.4 percent of American Indian or Alaska Native adolescents to 75.1 percent of Asian adolescents. Despite the range, these percentages did not differ significantly among racial or ethnic groups ([Table B.13B](#)). The percentage of adolescents who perceived great risk of harm from having four or five alcoholic drinks nearly every day could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

In 2022, fewer than half of adolescents aged 12 to 17 in each racial or ethnic group perceived great risk of harm from smoking marijuana once or twice a week. The percentage of adolescents who perceived great risk of harm from smoking marijuana once or twice a week was higher among Asian adolescents (45.6 percent) than among adolescents in most other racial or ethnic groups ([Table B.13B](#)). The percentage of adolescents who perceived great risk of harm from smoking marijuana once or twice a week could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adolescents.¹³

Percentages of adolescents aged 12 to 17 in 2022 who perceived great risk of harm from heroin use once or twice a week were high, ranging from 67.9 percent of Black adolescents to 79.4 percent of White adolescents ([Table B.13B](#)). Nevertheless, White adolescents were more likely than Hispanic (74.6 percent) or Black adolescents to perceive great risk of harm from heroin use once or twice a week. Black adolescents also were less likely than Multiracial (76.4 percent) or Hispanic adolescents to perceive great risk of harm from heroin use once or twice a week. The percentage of adolescents who perceived great risk of harm from heroin use once or twice a week could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

Substance Use Disorders in the Past Year

Substance use disorders (SUDs) are characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. The 2022 NSDUH included a series of questions to estimate the percentage of the population aged 12 or older who had at least one SUD in the past 12 months (subsequently referred to as “an SUD” or “a past year SUD”). The SUD questions assess the presence of an SUD in the past 12 months based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).^{62,63} Respondents were asked SUD questions for any alcohol or drugs they used in the 12 months prior to the survey. Drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, and any use of prescription stimulants, tranquilizers or sedatives (e.g., benzodiazepines), and pain relievers.¹⁵ The DSM-5 SUD criteria for prescription drugs apply to people who used *but did not misuse* prescription drugs in the past year, in addition to people who misused them. Therefore, NSDUH respondents in 2022 who reported any use of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives) in the past year (i.e., not just misuse of prescription drugs) were asked the respective SUD questions for that category of prescription drugs.

In addition, questions about the use of illegally made fentanyl (IMF) appear after SUD questions in the 2022 NSDUH questionnaire. For this reason, overall SUD, drug use disorder, and opioid use disorder measures do not capture disorders arising solely from the use of IMF. As discussed in the [IMF Use](#) section, however, estimates of IMF use in the past year among people aged 12 or older were low in 2022 (0.2 percent). For data from people who used IMF in the past year to affect SUD estimates in NSDUH, respondents would need to have used only IMF or to have attributed their SUD symptoms to IMF and not to their use of other substances. Only 1.9 percent of respondents who used IMF in the past year did not use any other substance in the past year.²⁰

DSM-5 includes the following SUD criteria (as measured in the 2022 NSDUH):

- 1. The substance is often taken in larger amounts or over a longer period than intended.
- 2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

- 3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- 4. There is a craving, or a strong desire or urge, to use the substance.
- 5. There is recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- 6. There is continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
- 7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
- 8. There is recurrent substance use in situations in which it is physically hazardous.
- 9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- 10. There is a need for markedly increased amounts of the substance to achieve intoxication or the desired effect, or markedly diminished effect with continued use of the same amount of the substance (i.e., tolerance).
- 11. For substances other than hallucinogens and inhalants that have a withdrawal criterion, there are two components of withdrawal symptoms, either of which meet the overall criterion for withdrawal symptoms:
 - a. There is a required number of withdrawal symptoms that occur when substance use is cut back or stopped following a period of prolonged use.⁶⁴
 - b. The substance or a related substance is used to get over or avoid withdrawal symptoms.⁶⁵

[Table 1](#) shows how these 11 DSM-5 SUD criteria apply to substances in NSDUH. For prescription pain relievers, tranquilizers, stimulants, and sedatives, [Table 1](#) also shows how these criteria apply if respondents misused prescription drugs or if they simply used but did not misuse prescription drugs in the past year. For consistency with the DSM-5 criteria, NSDUH respondents were classified as having an SUD in the past year if they met two or more of the applicable criteria in the 12-month period before the interview.

For alcohol, marijuana, cocaine, heroin, and methamphetamine in [Table 1](#), respondents were classified as having an SUD in the past year if they met 2 or more of the 11 criteria in the 12-month period before the interview. However, respondents were classified as having a hallucinogen use disorder or an inhalant use disorder if they met 2 or more of the first 10 criteria in the past 12 months; the withdrawal criterion does not apply to hallucinogens and inhalants.

For the use or misuse of prescription drugs in [Table 1](#), the number of applicable DSM-5 criteria for classifying respondents as having a prescription drug use disorder depends on whether respondents misused prescription drugs, or they used prescription drugs in the past year, but they did *not* misuse them. If respondents misused prescription drugs in the past year, they were classified as having a prescription drug use disorder if they met 2 or more of the 11 criteria shown in [Table 1](#). However, if respondents used prescription

drugs in the past year but did not misuse them, they were classified as having a prescription drug use disorder if they met two or more of the first *nine* criteria shown in [Table 1](#). Criteria 10 (tolerance) and 11 (withdrawal) do not apply to respondents who used but did not misuse these prescription drugs in the past year; tolerance and withdrawal can occur as normal physiological adaptations when people use these prescription drugs appropriately under medical supervision.⁶⁶

Substances and types of use or misuse that are included in selected SUD measures in the 2022 NSDUH are as follows:

- Any SUD in the past year includes data from past year users of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, and *any* past year users of prescription psychotherapeutic drugs.⁶⁷
- Alcohol use disorder includes only data from past year users of alcohol.⁶⁷

Table 1. DSM-5 SUD Criteria for Substances and Types of Use in the 2022 NSDUH

Criterion ¹	Alcohol	Marijuana	Cocaine	Heroin	Hallucinogens	Inhalants	Methamphetamine	Pain Relievers, Use But Not Misuse	Pain Relievers, Misuse	Tranquilizers, Use But Not Misuse	Tranquilizers, Misuse	Stimulants, Use But Not Misuse	Stimulants, Misuse	Sedatives, Use But Not Misuse	Sedatives, Misuse
1: Substance is often taken in larger amounts, longer than intended	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2: Unsuccessful efforts to cut down/control use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
3: A great deal of time is spent obtaining, using, recovering	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
4: Craving/strong urge to use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
5: Recurrent use resulting in failure to fulfill major role obligations at work/school/home	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
6: Continued use despite social problems	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
7: Important social/occupational/recreational activities given up or reduced because of use	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
8: Recurrent use in physically hazardous situations	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9: Continued use despite physical, psychological problems	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10: Increased amount of substance is needed to achieve same effect	●	●	●	●	●	●	●	—	●	—	●	—	●	—	●
11a: Withdrawal symptoms ²	●	●	●	●	—	—	●	—	●	—	●	—	●	—	●
11b: The same or related substance is taken to avoid withdrawal symptoms	●	●	●	●	—	—	●	—	●	—	●	—	●	—	●

● = criterion applies; — = criterion does not apply.

DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition; SUD = substance use disorder.

¹ The criterion wording is based on the 2022 NSDUH questions.

² Withdrawal symptoms and requirements differ by substance.

- Drug use disorder includes data from past year users of marijuana,⁶⁷ cocaine, heroin, hallucinogens, inhalants, and methamphetamine, and *any* past year users of prescription psychotherapeutic drugs. It does not include people who had only an alcohol use disorder in the past year.

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures. Most SUD estimates that are presented in this section could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

In 2022, 48.7 million people aged 12 or older (or 17.3 percent of the population) had an SUD in the past year, including 29.5 million who had an alcohol use disorder and 27.2 million who had a drug use disorder ([Figures 31, 32, and 33](#) and [Tables A.16B and A.17AB](#)). Among the 29.5 million people with a past year alcohol use disorder, 21.5 million had an alcohol use disorder but not a drug use disorder. Among the 27.2 million people with a past year drug use disorder, 19.2 million had a drug use disorder but not an alcohol use disorder. Among people with a past year SUD, 16.5 percent (or 8.0 million people) had both an alcohol use disorder and a drug use disorder in the past year.

The percentage of people in 2022 with a past year SUD differed by age group. The percentage was highest among young adults aged 18 to 25 (27.8 percent or 9.7 million people), followed by adults aged 26 or older (16.6 percent or 36.8 million people), then by adolescents aged 12 to

17 (8.7 percent or 2.2 million people) ([Figure 33](#) and [Table A.16B](#)).

By Race/Ethnicity

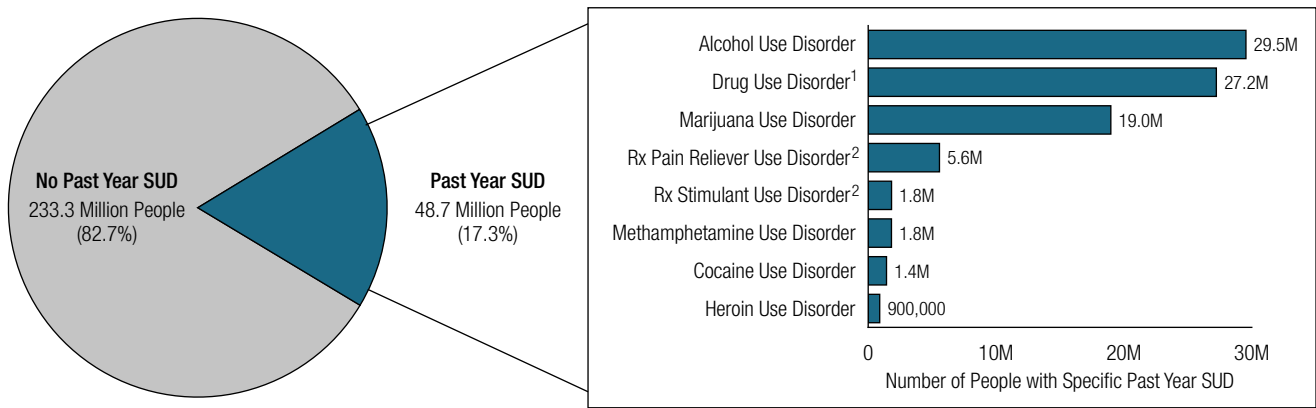
Percentages of people aged 12 or older in 2022 with a past year SUD ranged from 9.0 percent of Asian people to 24.0 percent of American Indian or Alaska Native people ([Figure 34](#) and [Table B.14B](#)). Except for Asian people, percentages did not differ significantly by race or ethnicity. The percentage of Asian people aged 12 or older in 2022 with a past year SUD was lower than the percentages among people in most other racial or ethnic groups. The percentage of people aged 12 or older in 2022 with a past year SUD could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Alcohol Use Disorder

Respondents who used alcohol on 6 or more days in the past 12 months were classified as having an alcohol use disorder if they met two or more of the DSM-5 criteria for alcohol use disorder. Relevant criteria for alcohol use disorder can be found in the 2022 Methodological Summary and Definitions report.¹²

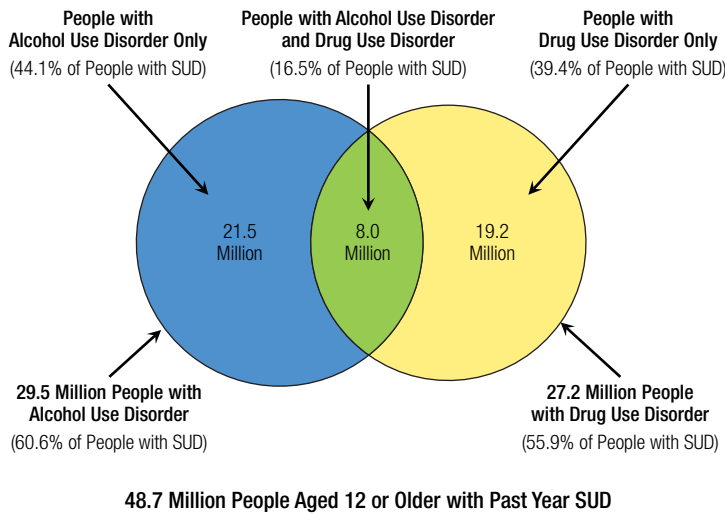
Among people aged 12 or older in 2022, 10.5 percent (29.5 million people) had a past year alcohol use disorder ([Figures 31 and 33](#) and [Table A.16B](#)). The percentage of people who had a past year alcohol use disorder was highest among young adults aged 18 to 25 (16.4 percent or 5.7 million people), followed by adults aged 26 or older

Figure 31. Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2022



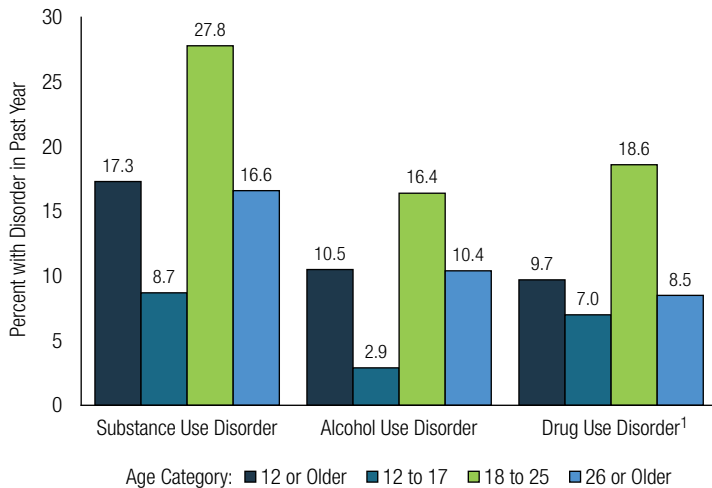
Rx = prescription.
Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.
¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).
² Includes data from all past year users of the specific prescription drug.

Figure 32. Alcohol Use Disorder or Drug Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2022



Note: Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

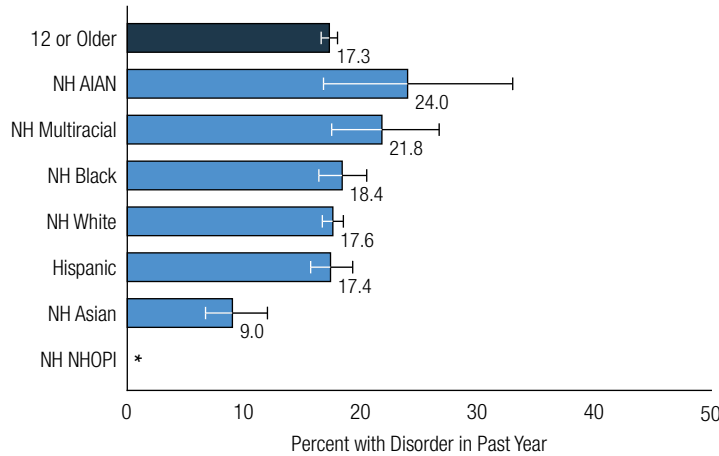
Figure 33. Substance Use Disorder, Alcohol Use Disorder, or Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2022



¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

(10.4 percent or 23.1 million people), then by adolescents aged 12 to 17 (2.9 percent or 753,000 people). Age group differences in the percentage of people with an alcohol use disorder in the past year were consistent with the age group differences described previously for binge and heavy alcohol use in the past month (see the [Alcohol Use in the Past Month](#) section).

Figure 34. Past Year Substance Use Disorder: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who had a past year alcohol use disorder ranged from 5.6 percent of Asian people to 10.9 percent of White people ([Table B.14B](#)). Except for Asian people, percentages did not differ by race or ethnicity. The percentage of Asian people who had an alcohol use disorder in the past year was lower than the percentages among people in most other racial or ethnic groups. The percentage of people who had an alcohol use disorder in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Drug Use Disorder

This section presents overall estimates for drug use disorder, then provides estimates for selected specific drugs. As discussed previously, drug use disorder was defined as meeting DSM-5 SUD criteria for one or more of the following drugs that were used in the past year: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs (i.e., stimulants, tranquilizers or sedatives, and pain relievers). Measures for prescription drug use disorders for 2022 were based on data from *all* past year users of prescription drugs, not just misusers. Relevant SUD definitions and criteria for specific drugs can be found in [Table 1](#) and in the 2022 Methodological Summary and Definitions report.¹²

Among people aged 12 or older in 2022, 9.7 percent (or 27.2 million people) had at least one drug use disorder in the past year (Figures 31 and 33 and Table A.16B). The percentage of people with a past year drug use disorder was highest among young adults aged 18 to 25 (18.6 percent or 6.5 million people), followed by adults aged 26 or older (8.5 percent or 18.9 million people), then by adolescents aged 12 to 17 (7.0 percent or 1.8 million people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who had a past year drug use disorder was higher among American Indian or Alaska Native (17.3 percent) or Multiracial people (15.7 percent) than among White (9.4 percent) or Asian people (4.9 percent) (Table B.14B). The percentage was also higher among Multiracial people than among Hispanic people (9.9 percent). Black people (11.5 percent) were also more likely to have had a past year drug use disorder than White or Asian people. Asian people were less likely to have had a past year drug use disorder compared with people in most other racial or ethnic groups. The percentage of people who had a past year drug use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

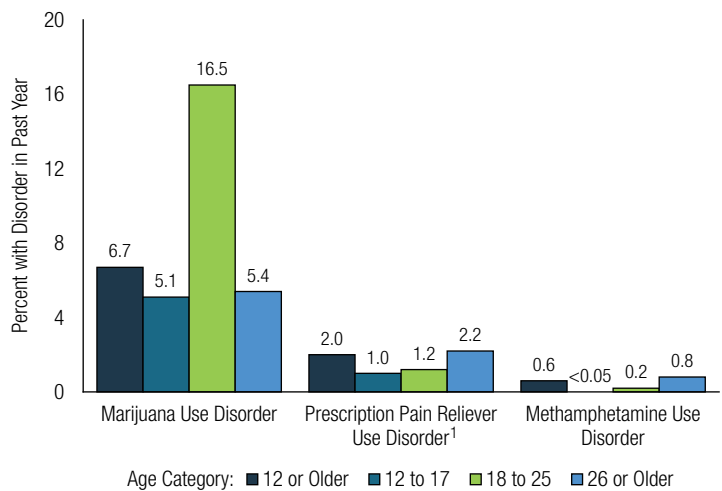
Marijuana Use Disorder

Among people aged 12 or older in 2022, 6.7 percent (or 19.0 million people) had a marijuana use disorder in the past year (Figures 31 and 35 and Table A.16B). The percentage of young adults aged 18 to 25 with a marijuana use disorder (16.5 percent or 5.7 million people) was higher than the percentages of adolescents aged 12 to 17 (5.1 percent or 1.3 million people) or adults aged 26 or older (5.4 percent or 11.9 million people). The higher percentage of young adults aged 18 to 25 with a marijuana use disorder was consistent with the higher percentage among this age group for marijuana use in the past year (see the Marijuana Use section).

By Race/Ethnicity

In 2022, the percentage of people aged 12 or older who had a past year marijuana use disorder was higher among Multiracial people (12.6 percent) than among Black (8.0 percent), Hispanic (7.2 percent), White (6.4 percent), or Asian people (3.3 percent) (Table B.14B). American Indian or Alaska Native people (11.0 percent) were more likely than Asian people to have had a past year marijuana use disorder. Black people also were more likely than White or Asian people to have had a past year marijuana use disorder.

Figure 35. Marijuana Use Disorder, Prescription Pain Reliever Use Disorder, or Methamphetamine Use Disorder in the Past Year: Among People Aged 12 or Older; 2022



¹ Includes data from all past year users of prescription pain relievers.

Cocaine Use Disorder

Among people aged 12 or older in 2022, 0.5 percent (or 1.4 million people) had a cocaine use disorder in the past year (Figure 31 and Table A.16B). The percentage of adolescents aged 12 to 17 (less than 0.05 percent or 6,000 people) with a cocaine use disorder was lower than the percentages of young adults aged 18 to 25 (0.8 percent or 268,000 people) or adults aged 26 or older (0.5 percent or 1.2 million people).

Heroin Use Disorder

Among people aged 12 or older in 2022, 0.3 percent (or 900,000 people) had a heroin use disorder in the past year (Figure 31 and Table A.16B). The percentage of people with a heroin use disorder in the past year was highest among adults aged 26 or older (0.4 percent or 864,000 people), followed by young adults aged 18 to 25 (0.1 percent or 35,000 people), then by adolescents aged 12 to 17 (less than 0.05 percent or 2,000 people).

Methamphetamine Use Disorder

Among people aged 12 or older in 2022, 0.6 percent (or 1.8 million people) had a methamphetamine use disorder in the past year (Figures 31 and 35 and Table A.16B). The percentage of people with a methamphetamine use disorder in the past year was highest among adults aged 26 or older (0.8 percent or 1.7 million people), followed by young adults aged 18 to 25 (0.2 percent or 84,000 people), then by adolescents aged 12 to 17 (less than 0.05 percent or 8,000 people).

Prescription Stimulant Use Disorder

Among people aged 12 or older in 2022, 0.6 percent (or 1.8 million people) had a prescription stimulant use disorder in the past year ([Figure 31](#) and [Table A.16B](#)). The percentage of adults aged 26 or older (0.5 percent or 1.1 million people) with a prescription stimulant use disorder was lower than the percentages of adolescents aged 12 to 17 (1.0 percent or 259,000 people) or young adults aged 18 to 25 (1.4 percent or 476,000 people).

Prescription Tranquilizer Use Disorder or Sedative Use Disorder

Among people aged 12 or older in 2022, 0.8 percent (or 2.4 million people) had a prescription tranquilizer use disorder or sedative use disorder in the past year ([Table A.16B](#)). The percentage of people with a past year tranquilizer use disorder or sedative use disorder did not differ significantly by age group. Percentages ranged from 0.5 percent of adolescents aged 12 to 17 (or 135,000 people) to 0.9 percent of adults aged 26 or older (or 1.9 million people). Among young adults aged 18 to 25, 0.8 percent (or 290,000 people) had a tranquilizer use disorder or a sedative use disorder in the past year.

Prescription Pain Reliever Use Disorder

Among people aged 12 or older in 2022, 2.0 percent (or 5.6 million people) had a prescription pain reliever use disorder in the past year ([Figures 31](#) and [35](#) and [Table A.16B](#)). The percentage of adults aged 26 or older (2.2 percent or 4.9 million people) with a prescription pain reliever use disorder was higher than the percentages of adolescents aged 12 to 17 (1.0 percent or 265,000 people) or young adults aged 18 to 25 (1.2 percent or 410,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who had a past year prescription pain reliever use disorder ranged from 1.1 percent of Asian people to 6.2 percent of American Indian or Alaska Native people ([Table B.15B](#)). Most percentages did not differ significantly by race or ethnicity. However, the percentage of Asian people who had a prescription pain reliever use disorder in the past year was lower than the percentage among Black people (2.6 percent).

Opioid Use Disorder

Respondents were classified as having an opioid use disorder if they met DSM-5 criteria for heroin use disorder or

prescription pain reliever use disorder (or both). For 2022, opioid use disorder included prescription pain reliever use disorder among all past year users of prescription pain relievers. Opioid use disorder estimates for 2022 included data from both past year heroin users and past year prescription pain reliever users. As previously indicated, questions about the use of IMF were asked in the 2022 NSDUH following the SUD questions; hence, the opioid use disorder estimates do not capture symptoms that arose solely from the use of IMF.

Among people aged 12 or older in 2022, 2.2 percent (or 6.1 million people) had an opioid use disorder in the past year ([Table A.16B](#)). Consistent with the estimates for prescription pain reliever use disorder, the percentage of adults aged 26 or older (2.5 percent or 5.4 million people) with an opioid use disorder was higher than the percentages of adolescents aged 12 to 17 (1.0 percent or 265,000 people) or young adults aged 18 to 25 (1.2 percent or 424,000 people).

By Race/Ethnicity

Following a pattern similar to that for prescription pain reliever use disorder, the percentage of people aged 12 or older in 2022 who had a past year opioid use disorder ranged from 1.2 percent of Asian people to 6.6 percent of American Indian or Alaska Native people ([Table B.15B](#)). Most percentages for opioid use disorder did not differ significantly by race or ethnicity. However, the percentage of Asian people who had an opioid use disorder in the past year was lower than the percentage among Black people (3.0 percent).

Central Nervous System Stimulant Use Disorder

Respondents were classified as having a central nervous system (CNS) stimulant use disorder if they met DSM-5 criteria for cocaine use disorder, methamphetamine use disorder, or prescription stimulant use disorder (or more than one of these disorders).

Among people aged 12 or older in 2022, 1.6 percent (or 4.5 million people) had a CNS stimulant use disorder in the past year ([Table A.16B](#)). The percentage of people with a CNS stimulant use disorder was highest among young adults aged 18 to 25 (2.2 percent or 755,000 people), followed by adults aged 26 or older (1.6 percent or 3.5 million people), then by adolescents aged 12 to 17 (1.0 percent or 267,000 people).

By Race/Ethnicity

The percentage of people aged 12 or older in 2022 who had a past year CNS stimulant use disorder did not differ significantly among racial or ethnic groups. Percentages ranged from 0.8 percent among Asian people to 2.3 percent among Multiracial people (Table B.15B). The percentage of people who had a past year CNS stimulant use disorder could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Substance Use Disorder Severity

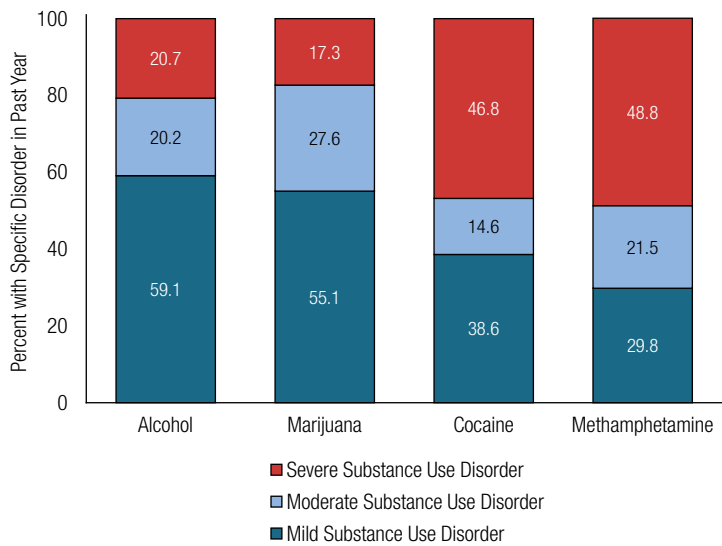
The DSM-5 SUD criteria include a severity level classification. People who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder. For SUD measures that were aggregated across more than one substance (e.g., any SUD, drug use disorder), mild SUD meant that people had only mild SUDs. Moderate SUD meant that some SUDs were moderate, but people did not have severe SUDs. Severe SUD meant that people had a severe SUD for at least one substance.

Table A.18B presents estimates for SUD severity among people aged 12 or older who had specific SUDs in the past year. Some SUD severity estimates could not be calculated with sufficient precision.¹³

Highlights from Figure 36 and Table A.18B for severity levels among people aged 12 or older in 2022 with a past year alcohol use disorder, marijuana use disorder, cocaine use disorder, or methamphetamine use disorder include the following:

- Among the 29.5 million people with a past year alcohol use disorder (Figure 31), most (59.1 percent) had a mild disorder compared with about 1 in 5 (20.7 percent) who had a severe disorder.
- Among the 19.0 million people with a past year marijuana use disorder, most (55.1 percent) had a mild disorder compared with only 17.3 percent who had a severe disorder.
- Among the 1.4 million people with a past year cocaine use disorder, severe disorder (46.8 percent) or mild disorder (38.6 percent) were more common than moderate disorder (14.6 percent).

Figure 36. Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2022



Note: The percentages may not add to 100 percent due to rounding.
Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder.

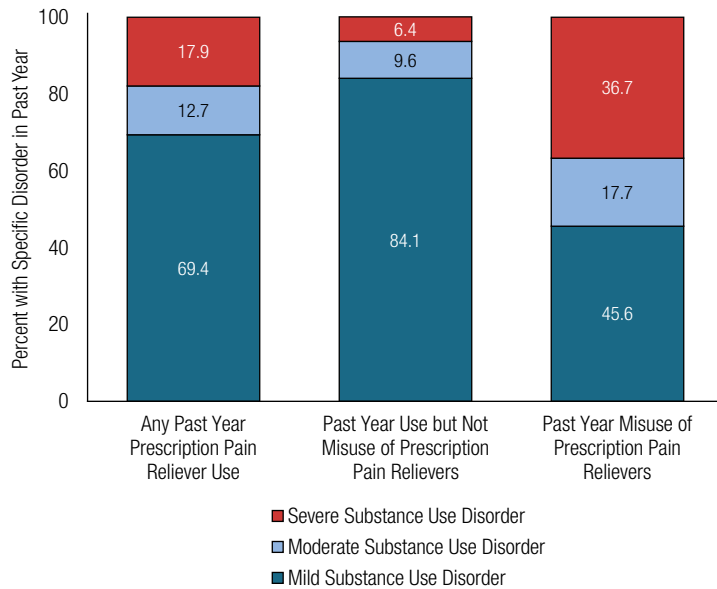
- As was observed for cocaine use disorder, nearly half of the 1.8 million people with a past year methamphetamine use disorder (48.8 percent) had a severe disorder, and 29.8 percent had a mild disorder.

Table A.18B also presents prescription drug use disorder estimates according to whether people aged 12 or older had a disorder due to any use of prescription drugs, use (but not misuse) of prescription drugs, or misuse of prescription drugs in the past year. Most of the estimates for the severity of sedative use disorder could not be calculated with sufficient precision. Estimates of the severity of tranquilizer use disorder also could not be calculated with sufficient precision for people who misused tranquilizers in the past year.¹³

Highlights from Figure 37 and Table A.18B for severity levels among people aged 12 or older in 2022 with a prescription pain reliever use disorder include the following:

- Among the 5.6 million people with a prescription pain reliever use disorder in the past year (i.e., based on any past year use of prescription pain relievers) (Figure 31), more than two thirds (69.4 percent) had a mild disorder compared with less than one fifth (17.9 percent) who had a severe disorder.

Figure 37. Prescription Pain Reliever Use Disorder Severity Level in the Past Year: Among People Aged 12 or Older with a Prescription Pain Reliever Use Disorder; 2022



Note: The percentages may not add to 100 percent due to rounding.

Note: As shown in [Table 1](#), the number of criteria for pain reliever use disorder differed for people who misused prescription pain relievers in the past year or who used but did not misuse them. Regardless of the total number of criteria used for classifying people as having a prescription pain reliever use disorder, people who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder.

- This pattern was even more pronounced among people who used but did not misuse prescription pain relievers and had a prescription pain reliever use disorder. Specifically, 84.1 percent of people in this group had a mild disorder compared with only 6.4 percent who had a severe disorder.
- Among people aged 12 or older who misused prescription pain relievers and had a prescription pain reliever use disorder, 45.6 percent had a mild disorder and 36.7 percent had a severe disorder.

Major Depressive Episode in the Past Year

In the 2022 NSDUH, respondents were classified as having had a major depressive episode (MDE) in the past 12 months if (1) they had at least one period of 2 weeks or longer in the past year when, for most of the day nearly every day, they felt depressed or lost interest or pleasure in daily activities; and (2) they also had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation. The MDE questions are based on diagnostic criteria from DSM-5, which require the

presence of five or more symptoms during the same 2-week period.⁶² The wording for some depression questions asked of adolescent respondents aged 12 to 17 differed from the wording for similar questions asked of adult respondents aged 18 or older. Therefore, the MDE estimates for adults aged 18 or older and adolescents aged 12 to 17 are not directly comparable and are presented separately.^{15,68,69}

The 2022 NSDUH also collected data on whether an MDE in the past year caused respondents to experience severe impairment in four major life activities or role domains. These domains were defined separately for adolescents aged 12 to 17 and adults aged 18 or older to reflect the different roles associated with the two age groups. Adolescents aged 12 to 17 were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to (1) do chores at home, (2) do well at work or school, (3) get along with their family, or (4) have a social life. Adults aged 18 or older were classified as having an MDE with severe impairment if their depression caused severe problems with their ability to (1) manage tasks at home, (2) manage tasks at work, (3) have relationships with others, or (4) have a social life.

Web-based interviewing affected the number of adult respondents aged 18 or older in 2022 who provided usable information on their substance use⁷⁰ but did not complete the mental health or later questions (i.e., “break-offs”). To reduce the potential for bias, missing data for measures of MDE and MDE with severe impairment among adults aged 18 or older were statistically imputed for 2022.⁷¹

In sections that present estimates for MDE in the past year among adolescents aged 12 to 17, estimates are first presented for all adolescents, followed by estimates among racial or ethnic groups. In sections that present estimates for MDE in the past year among adults aged 18 or older, estimates are first presented for all adults, followed by estimates by age group, then by racial or ethnic groups. Estimates among racial or ethnic groups of adolescents or adults are presented for selected measures.¹³

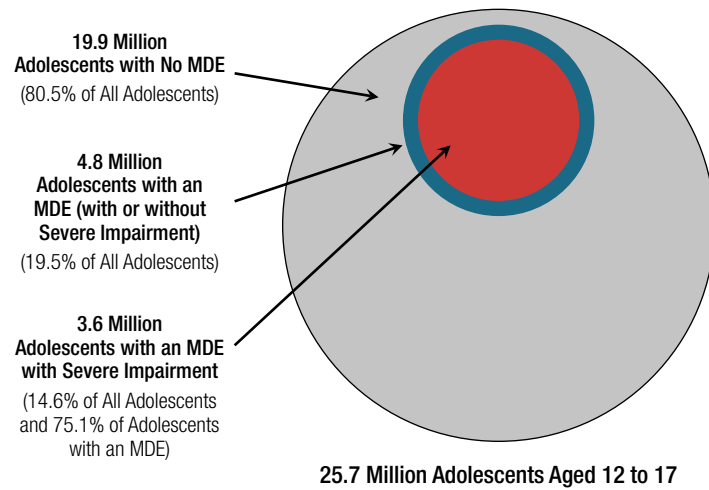
MDE and MDE with Severe Impairment among Adolescents

Among adolescents aged 12 to 17 in 2022, 19.5 percent (or 4.8 million people) had a past year MDE ([Figure 38](#) and [Table A.19B](#)). An estimated 14.6 percent of adolescents aged 12 to 17 (or 3.6 million people) in 2022 had a past year MDE with severe impairment.

By Race/Ethnicity

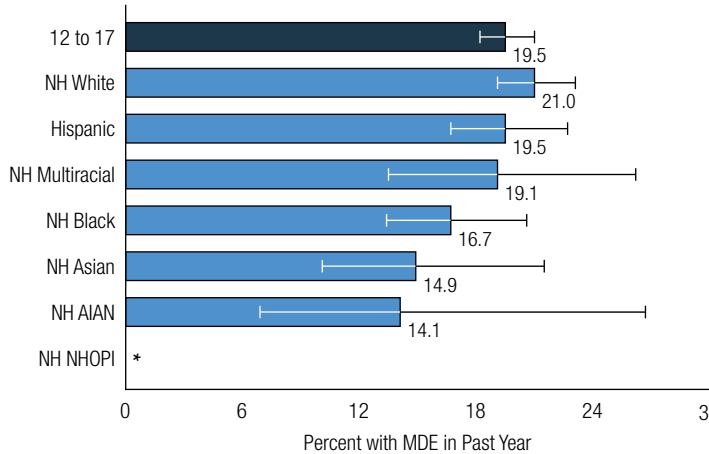
Percentages of adolescents aged 12 to 17 in 2022 who had a past year MDE did not differ significantly among racial or ethnic groups. Percentages of adolescents who had a past year MDE ranged from 14.1 percent among American Indian or Alaska Native adolescents to 21.0 percent among White adolescents (Figure 39 and Table B.16B). Similarly, estimates did not differ significantly among racial or ethnic

Figure 38. Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; 2022



Note: Adolescent respondents with unknown MDE data were excluded.

Figure 39. Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Adolescent respondents with unknown MDE data were excluded.

groups for a past year MDE with severe impairment among adolescents. Estimates for a past year MDE and a past year MDE with severe impairment could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

MDE and MDE with Severe Impairment among Adults

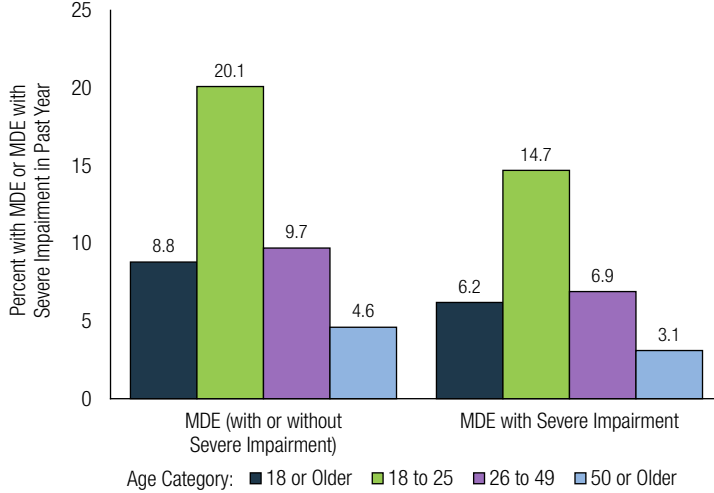
Among adults aged 18 or older in 2022, 8.8 percent (or 22.5 million people) had a past year MDE (Figure 40 and Table A.20B). The percentage was highest among young adults aged 18 to 25 (20.1 percent or 7.0 million people), followed by adults aged 26 to 49 (9.7 percent or 10.0 million people), then by adults aged 50 or older (4.6 percent or 5.5 million people).

An estimated 6.2 percent of adults aged 18 or older (or 15.9 million people) in 2022 had a past year MDE with severe impairment (Figure 40 and Table A.20B). The percentage was highest among young adults aged 18 to 25 (14.7 percent or 5.1 million people), followed by adults aged 26 to 49 (6.9 percent or 7.1 million people), then by adults aged 50 or older (3.1 percent or 3.7 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2022, Multiracial adults (16.4 percent) were more likely to have had an MDE in the past year compared with White (9.2 percent), Hispanic (8.8 percent), American Indian or Alaska Native (7.6 percent), Black (6.6 percent), or Asian adults (6.3 percent) (Table B.17B). Black adults were less likely to have had a past year MDE compared with White or

Figure 40. Major Depressive Episode (MDE) or MDE with Severe Impairment: Among Adults Aged 18 or Older; 2022



Hispanic adults, and Asian adults were less likely to have had a past year MDE compared with White adults. The estimate for a past year MDE could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Differences among racial or ethnic groups were also observed for a past year MDE with severe impairment among adults. Among adults aged 18 or older in 2022, Multiracial adults (13.4 percent) were more likely to have had a past year MDE with severe impairment compared with White (6.4 percent), Hispanic (6.2 percent), American Indian or Alaska Native (5.2 percent), Asian (5.1 percent), Black (4.9 percent), or Native Hawaiian or Other Pacific Islander adults (2.8 percent) (Table B.17B). Black adults were less likely to have had a past year MDE with severe impairment compared with White adults.

Any Mental Illness among Adults in the Past Year

The 2022 NSDUH provided estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older. Adults aged 18 or older were classified as having AMI if they had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), excluding developmental disorders and SUDs.^{72,73} Adults aged 18 or older who were classified as having AMI were further classified as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities. Statistical prediction models that were developed using clinical interview data from a subset of NSDUH adult respondents aged 18 or older between 2008 and 2012 were used to classify whether respondents in the 2022 adult sample had AMI or SMI in the past year. For 2022, source variables were statistically imputed for the prediction models used to estimate AMI or SMI.⁷¹

In sections that present estimates for AMI or SMI in the past year among adults aged 18 or older, estimates are first presented for all adults, followed by estimates among age groups, then by racial or ethnic groups. Estimates among racial or ethnic groups are presented for selected measures.¹³

Among adults aged 18 or older in 2022, 23.1 percent (or 59.3 million people) had AMI in the past year (Figure 41 and Table A.21B). The percentage was highest among

young adults aged 18 to 25 (36.2 percent or 12.6 million people), followed by adults aged 26 to 49 (29.4 percent or 30.2 million people), then by adults aged 50 or older (13.9 percent or 16.5 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2022, Multiracial adults (35.2 percent) were more likely to have had AMI in the past year compared with White (24.6 percent), Hispanic (21.4 percent), Black (19.7 percent), American Indian or Alaska Native (19.6 percent), or Asian adults (16.8 percent) (Figure 42 and Table B.18B). The percentage of adults with

Figure 41. Any Mental Illness or Serious Mental Illness in the Past Year: Among Adults Aged 18 or Older; 2022

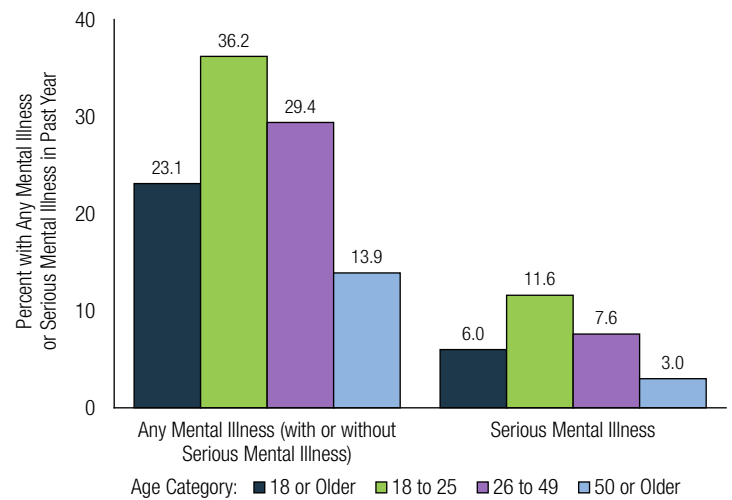
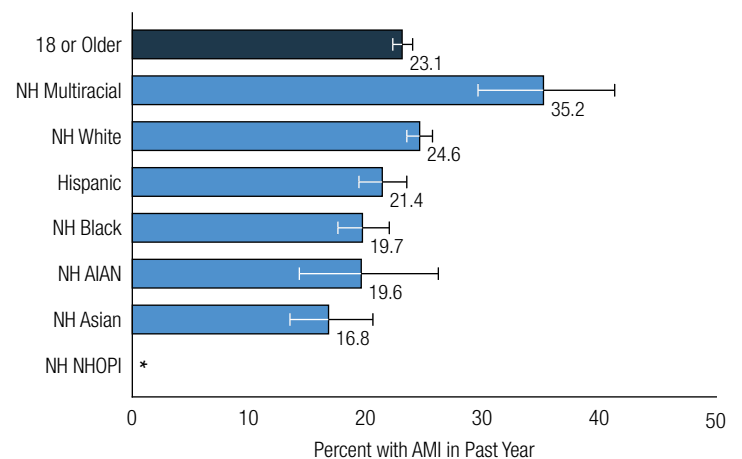


Figure 42. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

AMI in the past year was lower among Hispanic, Black, or Asian adults than among White adults. The percentage was lower among Asian adults than among Hispanic adults. The estimate of AMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Serious Mental Illness among Adults in the Past Year

Among adults aged 18 or older in 2022, 6.0 percent (or 15.4 million people) had SMI in the past year (Figure 41 and Table A.21B). Consistent with the age group pattern for AMI, the percentage of adults aged 18 or older with SMI was highest among young adults aged 18 to 25 (11.6 percent or 4.0 million people), followed by adults aged 26 to 49 (7.6 percent or 7.8 million people), then by adults aged 50 or older (3.0 percent or 3.5 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2022, Multiracial adults (11.8 percent) were more likely to have had SMI in the past year compared with White (6.5 percent), Hispanic (5.3 percent), Black (4.7 percent), Asian (4.1 percent), or Native Hawaiian or Other Pacific Islander adults (3.5 percent) (Table B.18B). The percentage of adults with SMI in the past year was lower among Black or Asian adults than among White adults.

Co-Occurring MDE and SUD among Adolescents

The 2022 NSDUH provided information on whether adolescents aged 12 to 17 had both a past year MDE and a past year SUD (i.e., drug use disorder, alcohol use disorder, or both). However, the order of the onset of an SUD relative to the onset of an MDE among adolescents aged 12 to 17 cannot be established based on the NSDUH data (i.e., whether the onset of an SUD preceded the onset of an MDE, or vice versa). NSDUH also did not measure whether criteria for an MDE and an SUD were met at the same point in time during the past 12 months.

Among adolescents aged 12 to 17 in 2022, 24.7 percent (or 6.1 million people) had either an MDE or an SUD in the past year, 15.8 percent (or 3.9 million people) had an MDE but not an SUD, 4.9 percent (or 1.2 million people) had an

SUD but not an MDE, and 3.7 percent (or 922,000 people) had both an MDE and an SUD in the past year (Figure 43 and Table A.22AB).

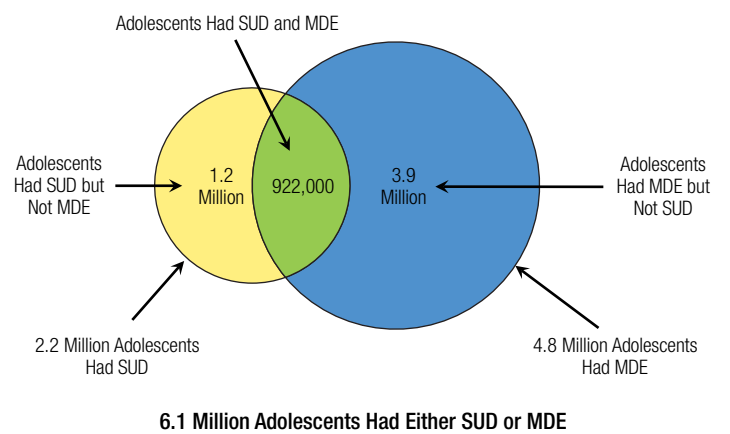
Among adolescents aged 12 to 17 in 2022, 3.0 percent (or 750,000 people) had both an MDE with severe impairment and an SUD in the past year (Table A.22AB).

By Race/Ethnicity

Among adolescents aged 12 to 17 in 2022, the percentage with either an SUD or an MDE in the past year did not vary significantly by race or ethnicity. Percentages ranged from 17.6 percent among Asian adolescents to 26.0 percent among Multiracial adolescents (Table B.19B). The estimate for the presence of either an MDE or an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

In 2022, less than 5 percent of adolescents aged 12 to 17 in all racial or ethnic groups had both an MDE and an SUD in the past year (Table B.19B). Nevertheless, White adolescents (4.3 percent) were more likely to have had both an MDE and an SUD in the past year compared with Black (2.6 percent), American Indian or Alaska Native (2.1 percent), or Asian adolescents (1.0 percent). Hispanic adolescents (4.0 percent) were also more likely than Asian adolescents to have had both an MDE and an SUD in the past year. The estimate for the presence of both an MDE and an SUD in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents.¹³

Figure 43. Past Year Substance Use Disorder (SUD) or Major Depressive Episode (MDE): Among Adolescents Aged 12 to 17; 2022

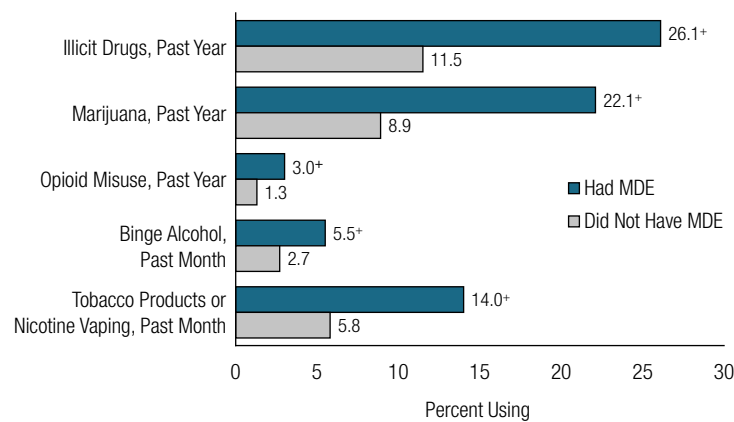


Note: Adolescent respondents with unknown MDE data were excluded.

Substance Use among Adolescents with MDE

Adolescents aged 12 to 17 who had a past year MDE were more likely to have used some substances in the past year or past month compared with their counterparts who did not have an MDE in the past year. In 2022, adolescents aged 12 to 17 with a past year MDE were more likely than adolescents aged 12 to 17 without a past year MDE to have been past year illicit drug users (26.1 vs. 11.5 percent), past year marijuana users (22.1 vs. 8.9 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (3.0 vs. 1.3 percent) ([Figure 44](#) and [Table A.23B](#)). Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past month binge alcohol users (5.5 vs. 2.7 percent). In addition, adolescents aged 12 to 17 with a past year MDE were more likely than those without a past year MDE to have used tobacco products or to have vaped nicotine in the past month (14.0 vs. 5.8 percent). Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past year or past month users of most of the other substances shown in [Table A.23B](#).

Figure 44. Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2022



⁺ Difference between this estimate and the estimate for adolescents who did not have MDE is statistically significant at the .05 level.

Note: Adolescent respondents with unknown MDE data were excluded.

Co-Occurring Mental Health Issues and SUD among Adults

The 2022 NSDUH provided information on whether adults aged 18 or older who had an SUD in the past year could also be classified as having AMI or SMI in the past year. However, the order of the onset of SUDs relative to the

onset of mental disorders cannot be established based on the NSDUH data (i.e., whether the onset of SUDs preceded the onset of mental disorders, or vice versa). Statistical prediction models for classifying whether respondents in the 2022 adult sample had AMI or SMI in the past year also cannot establish whether adults met criteria for AMI or SMI and an SUD at the same point in time during the past 12 months.

The following sections for adults aged 18 or older present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.¹³

Co-Occurring AMI and SUD

Among adults aged 18 or older in 2022, 32.9 percent (or 84.2 million people) had either AMI or an SUD in the past year, 14.7 percent (or 37.7 million people) had AMI but not an SUD, 9.7 percent (or 25.0 million people) had an SUD but not AMI, and 8.4 percent (or 21.5 million people) had both AMI and an SUD ([Figure 45](#) and [Tables A.24A](#) and [A.24B](#)).

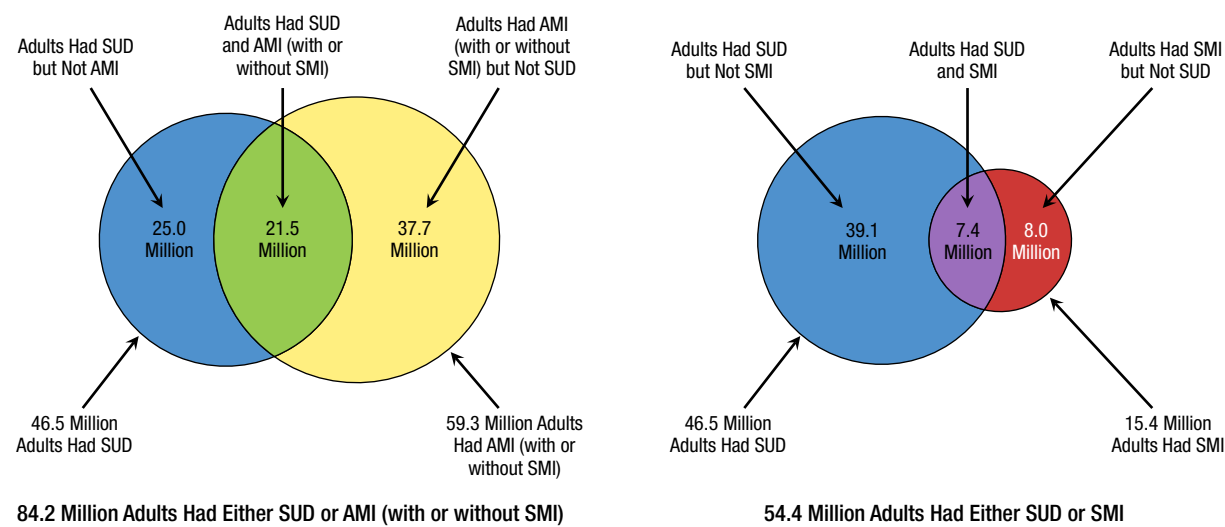
Nearly half of young adults aged 18 to 25 in 2022 had either AMI or an SUD in the past year (48.8 percent or 17.0 million people) ([Tables A.24A](#) and [A.24B](#)). This percentage was higher than the percentages for AMI or an SUD in the past year among adults aged 26 to 49 (40.6 percent or 41.7 million people) or adults aged 50 or older (21.5 percent or 25.6 million people). Adults aged 26 to 49 also were more likely than adults aged 50 or older to have had AMI or an SUD in the past year.

The percentage of adults aged 18 or older in 2022 who had both AMI and an SUD in the past year was highest among young adults aged 18 to 25 (15.1 percent or 5.3 million people) ([Tables A.24A](#) and [A.24B](#)). The percentage of adults aged 26 to 49 with both AMI and an SUD (11.4 percent or 11.7 million people) also was higher than the percentage among adults aged 50 or older (3.9 percent or 4.6 million people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2022 who had either AMI or an SUD in the past year was higher among Multiracial adults (46.4 percent) than among White (34.0 percent), Hispanic (31.7 percent), Black (31.3 percent), or Asian adults (22.5 percent) ([Table B.20B](#)). Asian adults were less likely to have had either AMI or an SUD in the past year compared with adults in most other racial or ethnic groups. The estimate of either SUD or AMI in the past year could not be calculated with

Figure 45. Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2022



sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Somewhat similar patterns among racial or ethnic groups were observed for the percentages of adults aged 18 or older who had both AMI and an SUD in the past year. The percentage of adults aged 18 or older in 2022 who had both AMI and an SUD in the past year was higher among Multiracial adults (12.5 percent) than among Black (7.9 percent) or Asian adults (3.8 percent) (Table B.20B). Asian adults were less likely to have had both AMI and an SUD in the past year compared with adults in most other racial or ethnic groups. The estimate of both SUD and AMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Co-Occurring SMI and SUD

Among adults aged 18 or older in 2022, 21.2 percent (or 54.4 million people) had either SMI or an SUD in the past year, 3.1 percent (or 8.0 million people) had SMI but not an SUD, 15.3 percent (or 39.1 million people) had an SUD but not SMI, and 2.9 percent (or 7.4 million people) had both SMI and an SUD (Figure 45 and Tables A.24A and A.24B).

One third of young adults aged 18 to 25 in 2022 had either SMI or an SUD in the past year (33.4 percent or 11.6 million people) (Tables A.24A and A.24B). This percentage was higher than the percentages for SMI or an SUD in the past year among adults aged 26 to 49 (26.5 percent or 27.2 million people) or adults aged 50 or

older (13.2 percent or 15.7 million people). Adults aged 26 to 49 also were more likely than adults aged 50 or older to have had SMI or an SUD in the past year.

The percentage of adults aged 18 or older in 2022 who had both SMI and an SUD in the past year was highest among young adults aged 18 to 25 (6.0 percent or 2.1 million people) (Tables A.24A and A.24B). The percentage of adults aged 26 to 49 with both SMI and an SUD (3.7 percent or 3.8 million people) also was higher than the percentage among adults aged 50 or older (1.3 percent or 1.5 million people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2022 who had either SMI or an SUD in the past year was higher among Multiracial adults (30.1 percent) than among White (21.8 percent), Black (21.4 percent), Hispanic (20.9 percent), or Asian adults (12.5 percent) (Table B.21B). Asian adults were less likely to have had either SMI or an SUD in the past year compared with adults in most other racial or ethnic groups. The estimate of either SUD or SMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

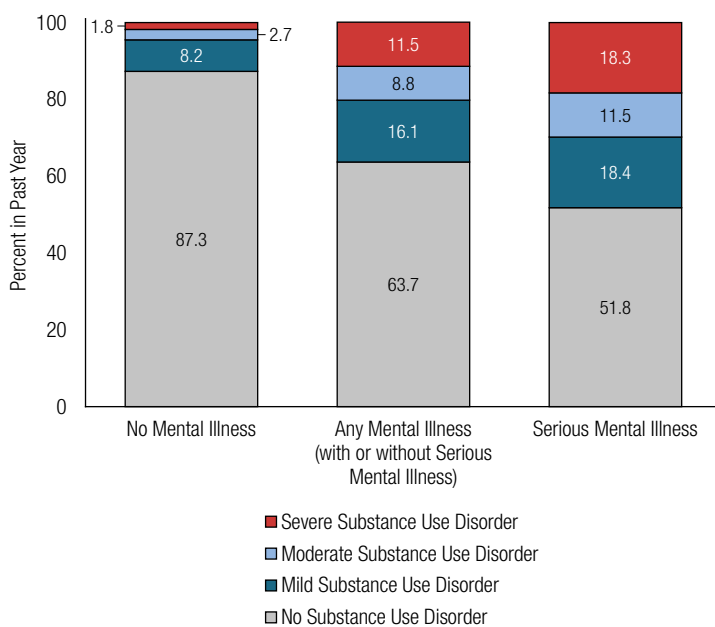
Asian adults (1.1 percent) aged 18 or older in 2022 were less likely to have had both SMI and an SUD in the past year compared with adults in most other racial or ethnic groups (Table B.21B). Black adults (2.7 percent) were also less likely than Multiracial adults (5.4 percent) to have had both SMI and an SUD in the past year.

SUD and SUD Severity among Adults, by Level of Mental Illness

As noted in the section on [Substance Use Disorder Severity](#), people with SUDs who met two or three criteria are considered to have a “mild” disorder, those who met four or five criteria are considered to have a “moderate” disorder, and those who met six or more criteria are considered to have a “severe” disorder. For SUD measures that were aggregated across more than one substance (e.g., any SUD, drug use disorder, opioid use disorder), severity was defined according to the most severe SUD that people had. For example, if people had a moderate alcohol use disorder and a mild marijuana (cannabis) use disorder as their only SUDs in the past year, then they were classified as having moderate SUD.

Adults aged 18 or older in 2022 with AMI or SMI in the past year were more likely to have SUDs in the past year (36.3 and 48.2 percent, respectively) than were adults with no mental illness (12.7 percent) ([Figure 46](#) and [Table A.25B](#)). Similar patterns were observed for drug use disorder, marijuana use disorder, opioid use disorder, and alcohol use disorder. The difference is particularly

Figure 46. Substance Use Disorder Severity Level in the Past Year: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, 2022



Note: The percentages may not add to 100 percent due to rounding.

Note: There are 11 criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, that apply to these substances. People who meet two or three criteria are considered to have a “mild” disorder, those who meet four or five criteria are considered to have a “moderate” disorder, and those who meet six or more criteria are considered to have a “severe” disorder.

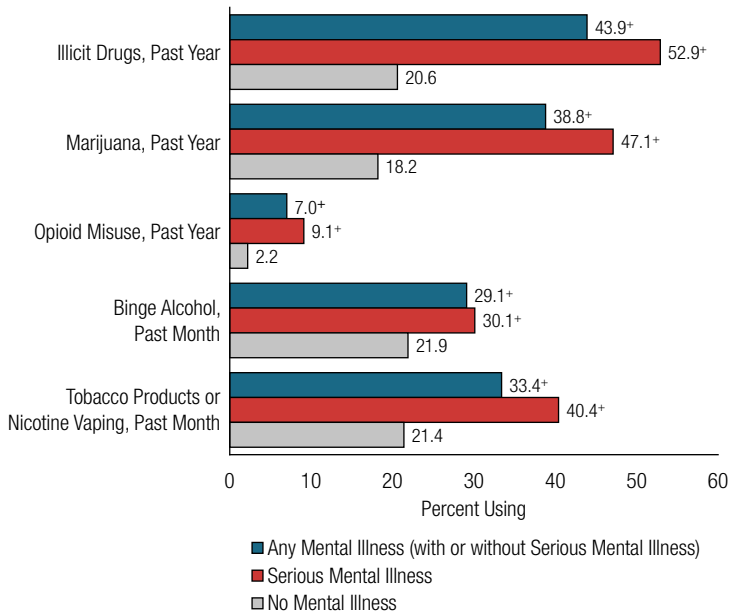
pronounced for drug use disorder. Only 5.5 percent of adults aged 18 or older with no mental illness in the past year had a past year drug use disorder compared with 24.5 percent of adults aged 18 or older with AMI in the past year and 36.4 percent of adults aged 18 or older with SMI in the past year.

The level of severity for any SUD among adults aged 18 or older in 2022 followed a similar pattern among adults with AMI or SMI in the past year. In addition to the 63.7 percent of adults with AMI who did not have SUD in the past year, 16.1 percent had mild SUD, and 11.5 percent had severe SUD ([Figure 46](#) and [Table A.25B](#)). A smaller percentage of adults aged 18 or older with AMI in the past year had moderate SUD (8.8 percent). In addition to the 51.8 percent of adults with SMI who did not have SUD in the past year, 18.4 percent of adults aged 18 or older with SMI in the past year had mild SUD, and 18.3 percent had severe SUD. An estimated 11.5 percent of adults with SMI had moderate SUD. Among adults aged 18 or older with no mental illness in the past year, 95.5 percent either had no SUD (87.3 percent) or mild SUD (8.2 percent). An estimated 1.8 percent of adults with no mental illness had severe SUD in the past year, and 2.7 percent of adults with no mental illness had moderate SUD.

Substance Use among Adults, by Mental Illness Status

This section discusses how the prevalence of substance use among adults aged 18 or older differed based on past year mental illness status. Among adults aged 18 or older in 2022, those with SMI or AMI in the past year were more likely than those without mental illness in the past year to have been past year users of illicit drugs (52.9 percent for SMI and 43.9 percent for AMI vs. 20.6 percent for adults aged 18 or older with no mental illness), past year users of marijuana (47.1 and 38.8 percent vs. 18.2 percent), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (9.1 and 7.0 percent vs. 2.2 percent) ([Figure 47](#) and [Table A.26B](#)). In addition, adults aged 18 or older with SMI or AMI were more likely than adults aged 18 or older with no mental illness in the past year to have been past month binge alcohol users (30.1 and 29.1 percent vs. 21.9 percent). Adults aged 18 or older with SMI or AMI were more likely to have used tobacco products or to have vaped nicotine in the past month than adults aged 18 or older with no mental illness in the

Figure 47. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, 2022



⁺ Difference between this estimate and the estimate for adults aged 18 or older with no mental illness is statistically significant at the .05 level.

past year (40.4 and 33.4 percent vs. 21.4 percent). Adults aged 18 or older with AMI or SMI in the past year also were more likely than those without mental illness to have been past year or past month users of the other substances shown in [Table A.26B](#).

Suicidal Thoughts and Behaviors among Adults

Suicide is a leading cause of death and an important public health problem in the United States.^{74,75} It is a tragedy for all involved—those who die by suicide and their families, friends, neighbors, colleagues, and communities. Provisional data from the National Vital Statistics System (NVSS) indicated that in 2022, 49,449 people in the United States died by suicide; this number was 2.6 percent more than the 48,183 deaths by suicide in 2021.⁷⁵

In 2021, suicide was the 11th leading cause of death among people of all ages in the United States. Suicide was the second leading cause of death among people aged 10 to 34 and the fifth leading cause among people aged 35 to 54.⁷⁴ However, people who die by suicide represent a fraction of those who consider or attempt suicide.⁷⁶ Out of every 31 adults aged 18 or older in 2008 to 2011 in the United States who attempted suicide in the past 12 months, there was

1 death by suicide.⁷⁷ Moreover, 1 in 5 people who make a nonfatal suicide attempt will make a future attempt.⁷⁸

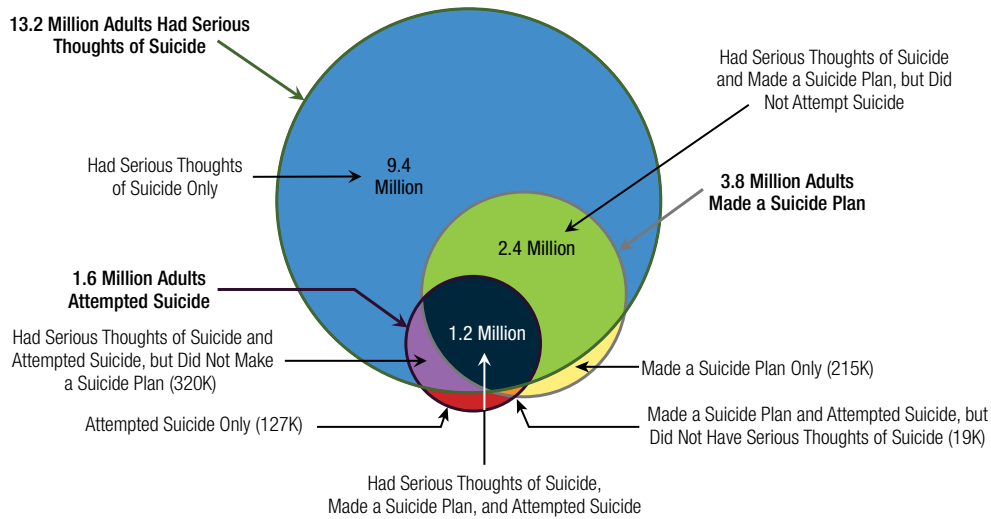
In 2022, NSDUH respondents aged 18 or older were asked if at any time during the past 12 months they had thought seriously about trying to kill themselves (serious thoughts of suicide). Adults aged 18 or older also were asked whether they made a plan to kill themselves (suicide plan) or tried to kill themselves (suicide attempt) in the past 12 months, regardless of whether they had serious thoughts of suicide in that period. This information helps guide suicide prevention programs and clinical intervention efforts.

The following sections for adults aged 18 or older present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.¹³

In 2022, 13.2 million adults aged 18 or older (5.2 percent) had serious thoughts of suicide in the past year, 3.8 million (1.5 percent) made suicide plans, and 1.6 million (0.6 percent) attempted suicide ([Figure 48](#) and [Tables A.27B](#) and [A.28AB](#)). An estimated 1.2 million adults aged 18 or older (0.5 percent) had serious thoughts of suicide, made suicide plans, and attempted suicide in the past year. Additional highlights from [Figure 48](#) include the following:

- Among the 13.2 million adults aged 18 or older who had serious thoughts of suicide in the past year, most (9.4 million) had serious thoughts of suicide only. An additional 2.4 million adults aged 18 or older had serious thoughts of suicide and made suicide plans, but they did not attempt suicide in the past year.
- Among the 3.8 million adults aged 18 or older who made suicide plans in the past year, 2.4 million adults had serious thoughts of suicide but did not attempt suicide, and 1.2 million adults had serious thoughts of suicide and attempted suicide.
- Among the 1.6 million adults aged 18 or older who attempted suicide in the past year, most had serious thoughts of suicide. In addition to the 1.2 million adults who attempted suicide, had serious thoughts of suicide, and made suicide plans, 320,000 adults who attempted suicide had serious thoughts of suicide but did not make suicide plans. An estimated 127,000 adults aged 18 or older attempted suicide in the past year without having serious thoughts of suicide or making suicide plans.

Figure 48. Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2022

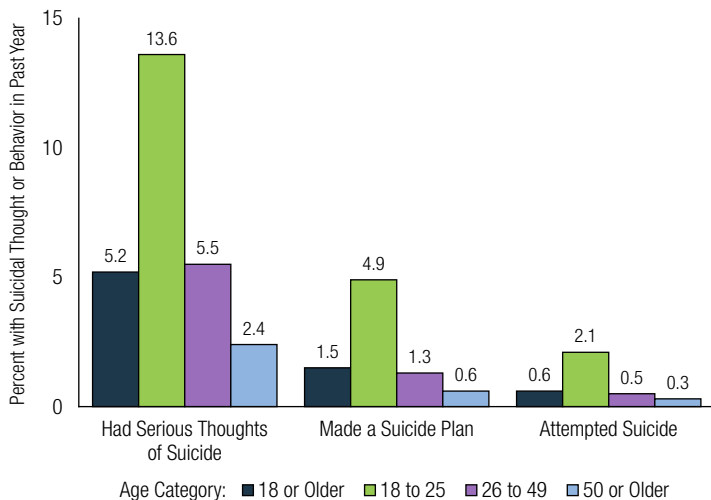


13.6 Million Adults Aged 18 or Older Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year

Serious Thoughts of Suicide among Adults

Among adults aged 18 or older in 2022, 5.2 percent (or 13.2 million people) had serious thoughts of suicide in the past year (Figures 48 and 49 and Tables A.27B and A.28AB). The percentage was highest among young adults aged 18 to 25 (13.6 percent or 4.7 million people), followed by adults aged 26 to 49 (5.5 percent or 5.6 million people), then by adults aged 50 or older (2.4 percent or 2.8 million people).

Figure 49. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; 2022



By Race/Ethnicity

The percentage of adults aged 18 or older in 2022 who had serious thoughts of suicide in the past year was higher among Multiracial adults (9.3 percent) than among Black (5.5 percent), White (5.2 percent), Hispanic (4.6 percent), or Asian adults (3.4 percent) (Figure 50 and Table B.22B). Asian adults were less likely to have had serious thoughts of suicide in the past year compared with adults in most other racial or ethnic groups. The estimate of serious thoughts of suicide in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

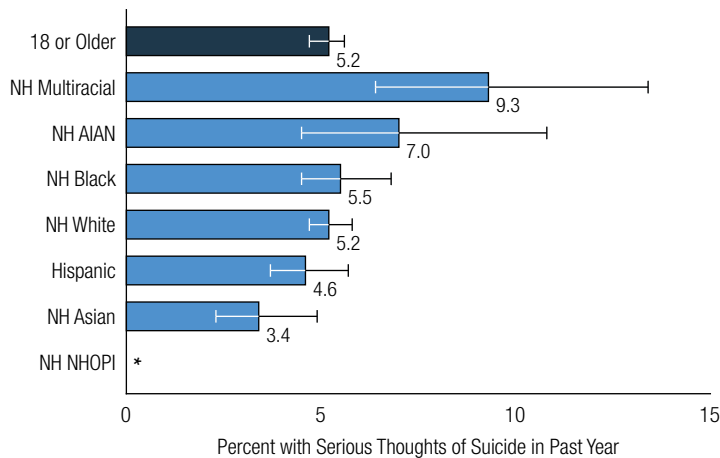
Suicide Plans among Adults

Among adults aged 18 or older in 2022, 1.5 percent (or 3.8 million people) made a suicide plan in the past year (Figures 48 and 49 and Tables A.27B and A.28AB). The percentage was highest among young adults aged 18 to 25 (4.9 percent or 1.7 million people), followed by adults aged 26 to 49 (1.3 percent or 1.4 million people), then by adults aged 50 or older (0.6 percent or 667,000 people).

By Race/Ethnicity

Percentages of adults aged 18 or older in 2022 who made a suicide plan in the past year ranged from 0.1 percent of Native Hawaiian or Other Pacific Islander adults to 2.9 percent of Multiracial adults (Table B.22B). The percentage among Native Hawaiian or Other Pacific Islander

Figure 50. Had Serious Thoughts of Suicide in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.
AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

adults was lower than percentages among adults in all other racial or ethnic groups. The percentage also was lower among Asian adults (0.8 percent) than among Multiracial, Black (1.8 percent), or White adults (1.4 percent).

Suicide Attempts among Adults

Among adults aged 18 or older in 2022, 0.6 percent (or 1.6 million people) attempted suicide in the past year (Figures 48 and 49 and Tables A.27B and A.28AB). The percentage was highest among young adults aged 18 to 25 (2.1 percent or 728,000 people). Percentages were similar among adults aged 26 to 49 (0.5 percent or 485,000 people) and adults aged 50 or older (0.3 percent or 410,000 people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2022 who attempted suicide in the past year ranged from 0.1 percent of Native Hawaiian or Other Pacific Islander adults to 1.5 percent of American Indian or Alaska Native or Multiracial adults. Native Hawaiian or Other Pacific Islander adults or Asian adults (0.2 percent) were less likely than Multiracial, Black (0.9 percent), White (0.6 percent), or Hispanic adults (0.6 percent) to have attempted suicide in the past year (Table B.22B). However, the percentage of American Indian or Alaska Native adults who attempted suicide in the past year was not significantly different from percentages of adults in other racial or ethnic groups.

Suicidal Thoughts and Behaviors among Adolescents

Trends in suicide attempts and deaths by suicide have been increasing among adolescents.^{79,80,81} These trends in suicidal behaviors among adolescents are major public health concerns in the United States and began before the onset of the coronavirus disease 2019 (COVID-19) pandemic.^{82,83,84} However, suicidal behaviors among adolescents were likely exacerbated during the COVID-19 pandemic by social isolation, school closures, and the loss of loved ones.^{85,86,87} Generally speaking, vulnerable adolescent populations exposed to adverse childhood experiences (ACEs) are at particular risk of suicide and related behaviors.^{88,89,90}

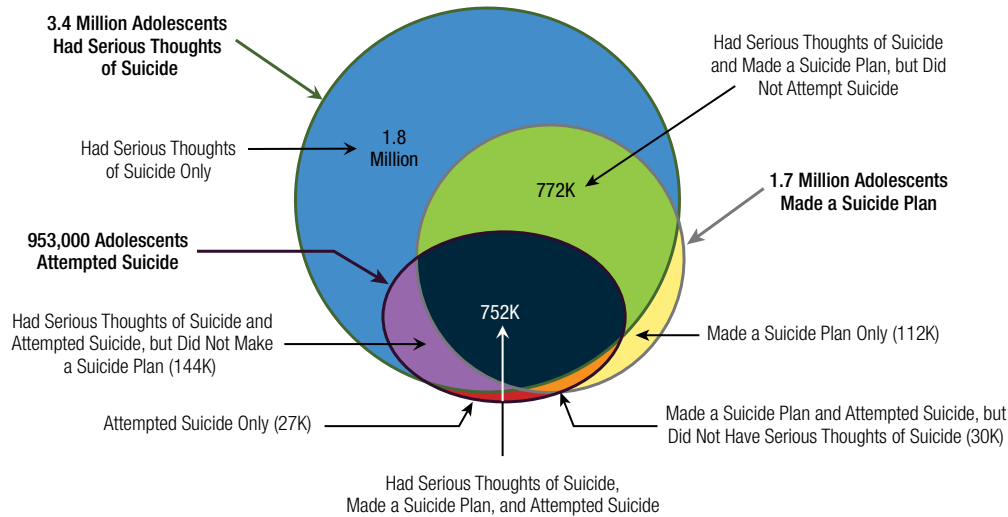
Questions were included in the 2022 NSDUH to better understand suicidal thoughts and behaviors among adolescents aged 12 to 17. Adolescent respondents aged 12 to 17 were asked if they seriously thought about trying to kill themselves, if they made plans to kill themselves, and if they had tried to kill themselves in the past 12 months. Unlike the questions for adults, the questions for adolescent respondents aged 12 to 17 included the response options “I’m not sure” and “I don’t want to answer.”

The following sections present the overall estimates for adolescents aged 12 to 17. Estimates among racial or ethnic groups are presented for selected measures.¹³

In 2022, 3.4 million adolescents aged 12 to 17 (13.4 percent) had serious thoughts of suicide in the past year, 1.7 million (6.5 percent) made suicide plans, and 953,000 (3.7 percent) attempted suicide (Figure 51 and Table A.29B). An estimated 752,000 adolescents aged 12 to 17 (2.9 percent) had serious thoughts of suicide, made suicide plans, and attempted suicide in the past year (Table A.30AB). Additional highlights from Figure 51 include the following:

- About half of the 3.4 million adolescents aged 12 to 17 who had serious thoughts of suicide in the past year had serious thoughts of suicide only (1.8 million adolescents). An estimated 772,000 adolescents had serious thoughts of suicide and made suicide plans, but they did not attempt suicide in the past year.
- The majority of the 1.7 million adolescents aged 12 to 17 who made suicide plans in the past year either had serious thoughts of suicide but did not attempt suicide (772,000 adolescents) or had serious thoughts of suicide and attempted suicide (752,000 adolescents).

Figure 51. Adolescents Aged 12 to 17 Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year; 2022



3.6 Million Adolescents Aged 12 to 17 Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year

- Among the 953,000 adolescents aged 12 to 17 who attempted suicide in the past year, most had serious thoughts of suicide. In addition to the 752,000 adolescents who attempted suicide, had serious thoughts of suicide, and made suicide plans, 144,000 adolescents who attempted suicide also had serious thoughts of suicide but did not make suicide plans. An estimated 27,000 adolescents attempted suicide in the past year without having serious thoughts of suicide or making suicide plans.

Among adolescents aged 12 to 17 in 2022, 13.4 percent (or 3.4 million people) had serious thoughts of suicide in the past year (Figures 51 and 52 and Table A.29B). In addition, there were adolescents aged 12 to 17 who (a) were unsure or did not know about whether they had serious thoughts of suicide, or (b) were unwilling to report whether they had these thoughts. These response options each correspond to population estimates of 7.5 percent (or 1.9 million people in each group), or approximately 15.0 percent of adolescents overall (or 3.8 million people). Therefore, the estimate of 13.4 percent of adolescents aged 12 to 17 who had serious thoughts of suicide in the past year is likely to be conservative. This information suggests that some adolescents aged 12 to 17 could have had these thoughts but did not feel comfortable disclosing that information.

An estimated 6.5 percent of adolescents aged 12 to 17 in 2022 (or 1.7 million people) made a suicide plan in the past year (Figures 51 and 52 and Table A.29B). Adolescent respondents aged 12 to 17 who reported that they were

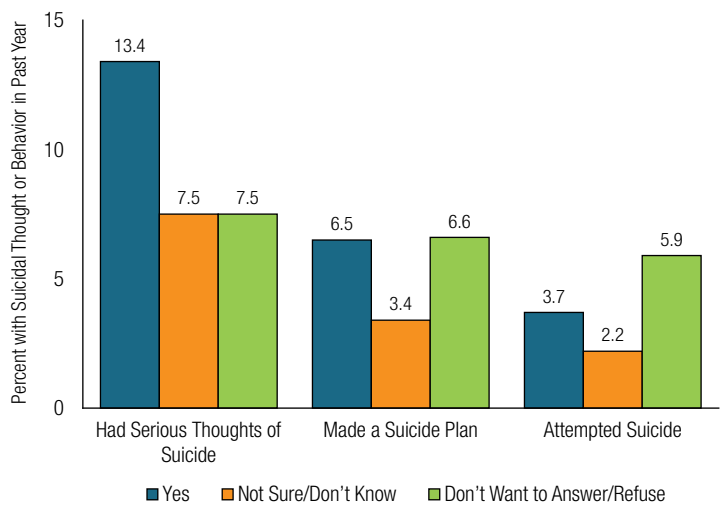
not sure or did not know whether they made a suicide plan correspond to a population estimate of 3.4 percent (or 864,000 people). Adolescent respondents aged 12 to 17 who did not want to report whether they made a suicide plan correspond to a population estimate of 6.6 percent (or 1.7 million people). Therefore, the estimate of 6.5 percent of adolescents aged 12 to 17 who had made a suicide plan in the past year is likely to be conservative.

An estimated 3.7 percent of adolescents aged 12 to 17 in 2022 (or 953,000 people) attempted suicide in the past year (Figures 51 and 52 and Table A.29B). Adolescent respondents aged 12 to 17 who reported that they were not sure or did not know whether they attempted suicide correspond to a population estimate of 2.2 percent (or 553,000 people). Adolescent respondents aged 12 to 17 who did not want to report whether they attempted suicide correspond to a population estimate of 5.9 percent (or 1.5 million people). Therefore, the estimate of 3.7 percent of adolescents aged 12 to 17 who attempted suicide in the past year is likely to be conservative.

By Race/Ethnicity

Percentages of adolescents aged 12 to 17 in 2022 who had serious thoughts of suicide, made suicide plans, or attempted suicide in the past year did not differ significantly among racial or ethnic groups. Percentages of adolescents who had serious thoughts of suicide in the past year ranged from 8.2 percent of American Indian or Alaska Native adolescents to 15.2 percent of Multiracial adolescents (Table B.23B). Percentages of adolescents who made a suicide plan in the past year ranged

Figure 52. Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2022



from 5.0 percent of Asian adolescents to 7.5 percent of Black adolescents. Percentages of adolescents who attempted suicide in the past year ranged from 2.3 percent of American Indian or Alaska Native adolescents to 5.8 percent of Multiracial adolescents. Estimates of serious thoughts of suicide, suicide plans, and suicide attempts in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adolescents. Estimates of suicide plans in the past year also could not be calculated with sufficient precision for American Indian or Alaska Native adolescents.¹³

Substance Use Treatment in the Past Year

Substance use treatment is intended to help people address problems associated with their use of alcohol or drugs not counting tobacco use, including medical problems associated with the use of alcohol or drugs.²¹ The 2022 NSDUH provided two principal measures related to substance use treatment in the past year: (a) the need for substance use treatment and (b) the receipt of substance use treatment. The survey also collected information on the types of settings where people received treatment and barriers associated with people needing substance use treatment but not receiving it.¹⁵

Although this report presents estimates only from the 2022 NSDUH, SAMHSA considers that 2022 estimates for the receipt of substance use treatment should not be compared with estimates from prior years because the substance use treatment questions underwent considerable revision for the 2022 NSDUH. These revisions were intended to better reflect contemporary changes in the delivery of treatment services.

- The following key changes were made for 2022:⁹²
- Respondents who reported any lifetime use of prescription psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, or sedatives) were eligible to be asked questions about the receipt of substance use treatment. Before 2022, respondents who reported lifetime use but not misuse of prescription drugs were not asked about the receipt of substance use treatment unless they reported lifetime use of alcohol or other drugs (marijuana, cocaine, heroin, hallucinogens, inhalants, or methamphetamine).
 - All lifetime users of alcohol or drugs were asked whether they received specific types of treatment services in the past 12 months. Before 2022, respondents who reported the use of alcohol or illicit drugs (see the preceding bullet) were not asked about the specific types of treatment they received in the past 12 months unless they first reported that they received any substance use treatment in their lifetime or in the past 12 months.
 - Additional inpatient and outpatient locations were provided for respondents to report where they received treatment in the past 12 months.
 - The question about the receipt of treatment over the phone or through video (i.e., telehealth treatment) was revised to emphasize treatment people received from a therapist or other healthcare professional.
 - Questions about medication-assisted treatment (MAT) were added to the questionnaire section on the receipt of substance use treatment.

Because of the changes explained in these preceding bullets, the definition for the receipt of substance use treatment changed for 2022. Receipt of substance use treatment includes the receipt of treatment in the past year for the use of alcohol or drugs in an inpatient location;²³ in an outpatient location;⁹⁴ via telehealth; or in a prison, jail, or juvenile detention center. The definition also includes the receipt of MAT for alcohol use or opioid use. The [Receipt of Substance Use Treatment](#) section discusses the new definition in further detail.

The 2022 NSDUH also collected information on the receipt of other services, such as support services from a support group or from a peer support specialist or recovery coach, services in an emergency room or department, or detoxification or withdrawal support services. These other services were not classified as “substance use treatment.” However, they were included in a separate aggregate measure created to cover the receipt of substance use treatment or other services.

In addition, SAMHSA historically has included substance use treatment at a “specialty facility”²⁵ in the past year as part of the definition for whether people needed substance use treatment. With the changes to the questionnaire in 2022, the “specialty facility” term was dropped from 2022 NSDUH data products. The [Need for Substance Use Treatment](#) section discusses the revised definition of treatment need beginning with the 2022 NSDUH.

The following sections present the overall estimates first, then by age group. Estimates among racial or ethnic groups are presented for selected measures.¹³

Need for Substance Use Treatment

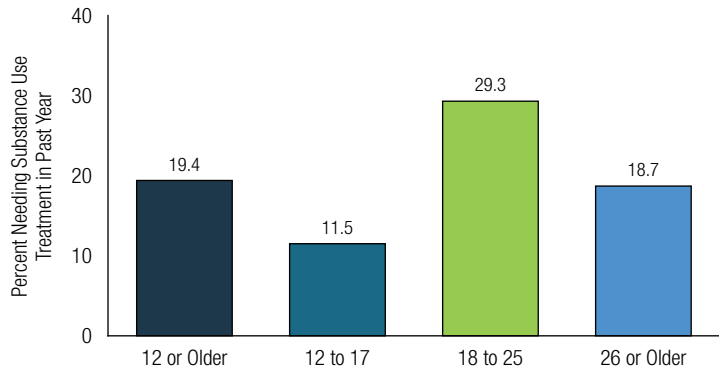
Beginning in 2022, people were classified as needing substance use treatment in the past year if they had an SUD or if they received substance use treatment in the past year. As noted previously, people were classified as having received substance use treatment if they received treatment in the past year for the use of alcohol or drugs in an inpatient location;²³ in an outpatient location;²⁴ via telehealth; or in a prison, jail, or juvenile detention center, or if they received MAT for their use of alcohol or opioids. The definition of the need for substance use treatment took into account that people may not have met the criteria for an SUD in the past year because they were receiving treatment.

Based on this definition, 19.4 percent of people aged 12 or older in 2022 (or 54.6 million people) needed substance use treatment in the past year ([Figure 53](#) and [Table A.31AB](#)). Consistent with data on the presence of an SUD in the past year ([Figure 33](#) and [Table A.16B](#)), the percentage of people needing substance use treatment was highest among young adults aged 18 to 25 (29.3 percent or 10.2 million people), followed by adults aged 26 or older (18.7 percent or 41.4 million people), then by adolescents aged 12 to 17 (11.5 percent or 3.0 million people).

By Race/Ethnicity

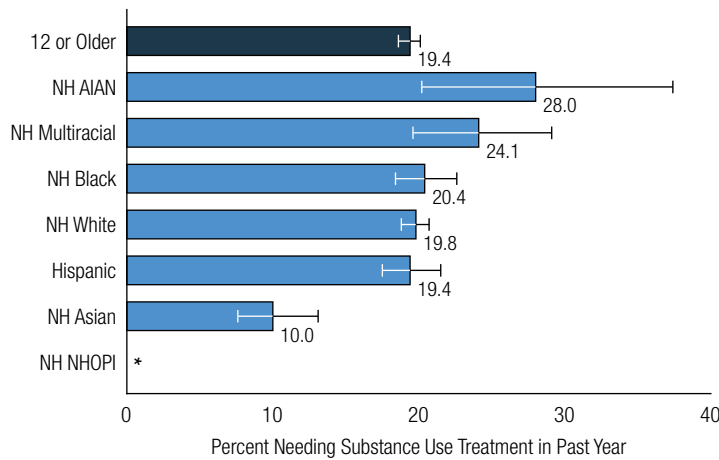
The percentage of people aged 12 or older in 2022 who needed substance use treatment in the past year was lower among Asian people (10.0 percent) than among people in most other racial or ethnic groups ([Figure 54](#) and [Table B.24B](#)). Percentages did not differ significantly among other racial or ethnic groups. The percentage among people in racial or ethnic groups other than Asian people ranged from 19.4 percent among Hispanic people to 28.0 percent among American Indian or Alaska Native people. The estimate for the need for substance use treatment in the

Figure 53. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2022



Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

Figure 54. Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Receipt of Substance Use Treatment

As noted in the introduction to the [Substance Use Treatment in the Past Year](#) section, NSDUH respondents in 2022 who used alcohol or drugs in their lifetime were asked substance use treatment questions. Most questions asked whether respondents received professional counseling, medication, or other treatment for their alcohol or drug use in specific locations in the 12 months prior to the survey interview (i.e.,

in the past year). Respondents also were asked if they received treatment in the past 12 months via telehealth or if they received MAT. Receipt of substance use treatment includes the receipt of treatment in the past year for the use of alcohol or drugs in an inpatient location;⁹³ in an outpatient location;⁹⁴ via telehealth; or in a prison, jail, or juvenile detention center, or the receipt of MAT for alcohol use or opioid use. Locations or types of substance use treatment are not mutually exclusive. For example, people could have received substance use treatment in an outpatient setting and in an inpatient setting. In this section, the focus of comparisons by age group or by racial or ethnic group is on the groups that were less likely to have received substance use treatment in the past year.

As noted previously, the following other services were not classified as “substance use treatment”: support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services.

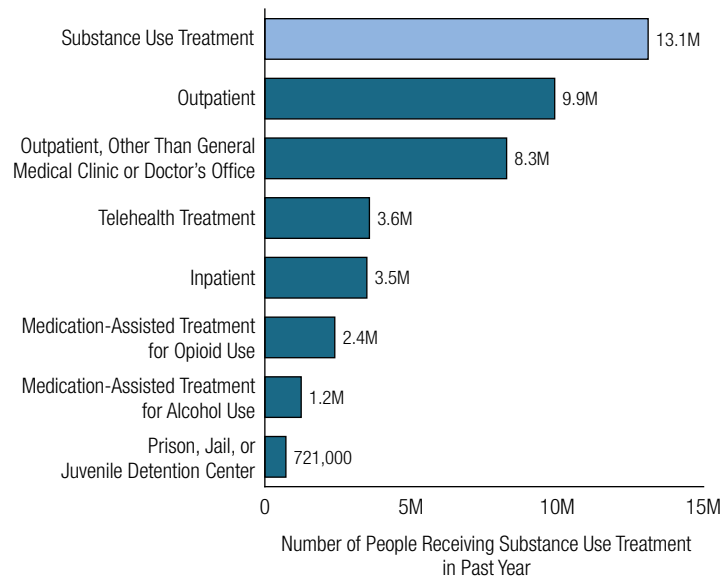
Among people aged 12 or older in 2022, 4.6 percent (or 13.1 million people) received substance use treatment in the past year (Figure 55 and Tables A.31AB and A.32AB). An estimated 9.9 million people aged 12 or older received outpatient substance use treatment. Of the 9.9 million people who received outpatient substance use treatment, most (8.3 million people or 83.4 percent)²⁰ received treatment in an outpatient setting other than a general medical clinic or doctor’s office. Additionally, 1.3 percent (or 3.6 million people) received treatment via telehealth; 1.2 percent (or 3.5 million people) received inpatient treatment; 0.8 percent (or 2.4 million people) received MAT for opioid use; 0.4 percent (or 1.2 million people) received MAT for alcohol use; and 0.3 percent (or 721,000 people) received treatment at a prison, jail, or juvenile detention center.

In 2022, the percentages of people aged 12 or older in 2022 who received substance use treatment in the past year did not vary by age group. An estimated 4.6 percent of adolescents aged 12 to 17 (or 1.2 million people), 4.6 percent of adults aged 26 or older (or 10.2 million people), and 4.8 percent of young adults aged 18 to 25 (or 1.7 million people) received substance use treatment in the past year (Table A.31AB).

By Race/Ethnicity

As for the need for substance use treatment, the percentage of people aged 12 or older in 2022 who received substance use treatment in the past year was lower among Asian people (2.3 percent) than among people in most other racial or

Figure 55. Types and Locations of Substance Use Treatment in the Past Year: Among People Aged 12 or Older; 2022



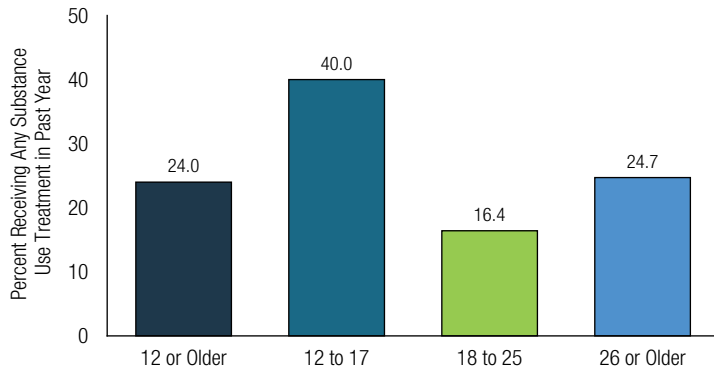
Note: Types and locations where people received substance use treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year. People who received outpatient substance use treatment other than in a general medical clinic or doctor’s office also are included in the estimate for outpatient substance use treatment.
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/ counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. People who received outpatient substance use treatment other than in a general medical clinic or doctor’s office also are included in the estimate for outpatient substance use treatment.

ethnic groups (Table B.24B). Percentages among people in racial or ethnic groups other than Asian people ranged from 4.2 percent among Hispanic people to 8.6 percent among American Indian or Alaska Native people. The estimate for the receipt of substance use treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Receipt of Substance Use Treatment among People Who Were Classified as Needing Substance Use Treatment in the Past Year

Among people aged 12 or older in 2022 who were classified as needing substance use treatment in the past year, about 1 in 4 (24.0 percent or 13.1 million people) received substance use treatment in the past year (Figure 56 and Table A.31AB). Among people who needed substance use treatment in the past year, young adults aged 18 to 25 were less likely to have received treatment (16.4 percent or 1.7 million people) than people in other age groups. Adults aged 26 or older who needed substance use treatment also were less likely to have received treatment (24.7 percent or 10.2 million people) compared with adolescents aged 12 to 17 who needed treatment (40.0 percent or 1.2 million people).

Figure 56. Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2022



Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

Among the 48.7 million people aged 12 or older in 2022 who had an SUD in the past year and were therefore classified as needing substance use treatment (Figure 31), 14.9 percent (or 7.3 million people) (Table A.31AB) received substance use treatment in the past year, and 85.1 percent (or 41.5 million people) did *not* receive substance use treatment in the past year.²⁰

Among people aged 12 or older in 2022 who needed substance use treatment because they had an SUD in the past year, percentages of people who received substance use treatment in the past year increased as the level of SUD severity increased. Specifically, people who had mild SUD in the past year were least likely to have received substance use treatment in the past year (8.3 percent or 2.2 million people) (Table A.31AB). People with moderate SUD also were less likely than people with severe SUD to have received substance use treatment in the past year (13.8 vs. 32.3 percent). Corresponding estimated numbers of people who received substance use treatment in the past year were 1.5 million people with moderate SUD and 3.5 million people with severe SUD.

In addition, 2.5 percent of people aged 12 or older in 2022 (or 5.9 million people) received substance use treatment in the past year and did not have an SUD in the past year (Table A.31AB). These people also were classified as needing substance use treatment and included people who may have had an SUD in the past year had they not been receiving treatment.

By Race/Ethnicity

In 2022, there were no differences by racial or ethnic group in the percentage of people aged 12 or older who received substance use treatment in the past year among people who needed substance use treatment in that period. Percentages ranged from 21.4 percent of Hispanic people to 24.9 percent of White people who needed substance use treatment (Table B.24B). The estimates for the receipt of substance use treatment in the past year among people who were classified as needing treatment could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander people.¹³

Medication-Assisted Treatment for Alcohol Use or Opioid Use

The use of medications prescribed by a doctor to help people reduce or stop their use of alcohol or opioids is known as medication-assisted treatment (MAT). Specific drugs are approved for use as a part of MAT. MAT does *not* include the use of medications that are prescribed to manage withdrawal symptoms or administered to stop a drug overdose.

In 2022, NSDUH respondents aged 12 or older who reported lifetime alcohol use were asked to report whether they used medication in the past year that was prescribed to them to help reduce or stop their use of alcohol. Respondents also were informed that MAT for alcohol use was different from medications given to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MAT for alcohol use included acamprosate (also known as Campral®), disulfiram (also known as Antabuse®), naltrexone pills (also known as ReVia® or Trexan®), and injectable naltrexone (also known as Vivitrol®).

Questions on MAT for opioid use were asked of respondents aged 12 or older who reported ever using heroin or prescription pain relievers. These respondents were asked whether they used medication in the past year that was prescribed to them to help reduce or stop their drug use. Respondents also were informed that MAT for drug use was different from medications given to stop an overdose. Examples of medications shown to respondents that are prescribed as a part of MAT for opioid use included methadone, buprenorphine or buprenorphine-naloxone pills (also known as Suboxone®, Zubsolv®, Bunavail®, or Subutex®), injectable buprenorphine (also known as Sublocade®), buprenorphine implants (also known as

Probuphine®), naltrexone pills (also known as ReVia® or Trexan®), and injectable naltrexone (also known as Vivitrol®).

Medication-Assisted Treatment for Alcohol Use

As noted previously, 0.4 percent of people aged 12 or older in 2022 (or 1.2 million people) received MAT in the past year for their alcohol use ([Table A.32AB](#)). Among the 29.5 million people aged 12 or older with a past year alcohol use disorder ([Figure 31](#) and [Table A.17AB](#)), 2.1 percent (or 634,000 people) received MAT in the past year for their alcohol use.

Medication-Assisted Treatment for Opioid Use

As noted previously, 0.8 percent of people aged 12 or older in 2022 (or 2.4 million people) received MAT in the past year for their opioid use ([Table A.32AB](#)). Among the 6.1 million people aged 12 or older with a past year opioid use disorder, 18.3 percent (or 1.1 million people) received MAT in the past year for their opioid use.

Receipt of Substance Use Treatment via Telehealth among People with a Substance Use Disorder

Before the COVID-19 pandemic, substance use treatment was typically delivered in person. The COVID-19 pandemic required changes in substance use treatment delivery to include expansion of treatment via telehealth. To support this need, regulations for opioid treatment had been relaxed for take-home medications and requirements for in-person treatment as long as the COVID-19 public health emergency (PHE) remained in effect.^{96,97,98} Although reimbursement for some telehealth behavioral health services was allowed before 2020, reimbursement for additional telehealth services (including substance use treatment) was expanded during the COVID-19 pandemic, including reimbursement for services delivered over the phone (i.e., using only audio).⁹⁹ Because the end of the COVID-19 PHE in the United States was not announced by the HHS Secretary until May 11, 2023,¹⁰⁰ these regulations during the COVID-19 pandemic remained in effect for 2022.

Substance use treatment via telehealth has been shown to be effective^{101,102,103} and has been used as an alternative mode to in-person treatment for some time, particularly in instances where access to in-person treatment is limited.¹⁰⁴ National Survey of Substance Abuse Treatment Services (N-SSATS) and National Mental Health Services Survey (N-MHSS) data available in SAMHSA's Behavioral Health Treatment Services Locator indicated that the availability of outpatient substance use treatment services delivered via telehealth increased by 143 percent between January 2020

and January 2021. By January 2021, more than half of outpatient substance use treatment facilities were offering telehealth services.¹⁰⁵

Among people aged 12 or older in 2022 who had an SUD in the past year, 5.3 percent (or 2.6 million people) received substance use treatment via telehealth ([Table A.33AB](#)). Among young adults aged 18 to 25 who had an SUD in the past year, 3.7 percent (or 354,000 people) received treatment via telehealth. This percentage was lower than the corresponding percentages among people with an SUD who were aged 26 or older (5.7 percent or 2.1 million people) or aged 12 to 17 (6.4 percent or 143,000 people).

By Race/Ethnicity

In 2022, receipt of substance use treatment via telehealth among people aged 12 or older who had an SUD in the past year did not differ significantly among racial or ethnic groups. Percentages for the receipt of treatment via telehealth among people with an SUD in the past year ranged from 2.1 percent among Asian people to 6.1 percent among White people ([Table B.25B](#)). Estimates for the receipt of treatment via telehealth among people with a past year SUD could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander people.¹³

Receipt of Other Services for Substance Use

As noted previously, in addition to collecting information on substance use treatment, the 2022 NSDUH collected information on the receipt of other services for people's use of alcohol or drugs. These other services include support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services. These other services were not classified as "substance use treatment."

Estimates in 2022 for the receipt of other services in the past year to help people aged 12 or older with their use of alcohol or drugs were as follows:

- 2.0 percent (or 5.8 million people) participated in a support group,
- 0.7 percent (or 2.0 million people) received services from a peer support specialist or recovery coach,
- 0.7 percent (or 2.0 million people) were seen in an emergency room, and
- 0.4 percent (or 1.2 million people) received detoxification or withdrawal support services ([Table A.32AB](#)).

Perceived Unmet Need for Substance Use Treatment

In addition to revisions to questions for the receipt of substance use treatment, questions about the perceived unmet need for treatment were revised for the 2022 NSDUH.

- These questions were asked only if respondents did not report substance use treatment (i.e., inpatient or outpatient treatment; MAT; telehealth treatment; or treatment in a prison, jail, or juvenile detention center).
- Respondents were asked whether they sought treatment rather than being asked whether they made an effort to get treatment.
- Respondents who did not report seeking treatment were asked whether they thought they should get treatment rather than being asked whether they thought they needed treatment.

NSDUH respondents were classified as having a perceived unmet need for substance use treatment if they did not receive substance use treatment in the past year and reported either of the following:

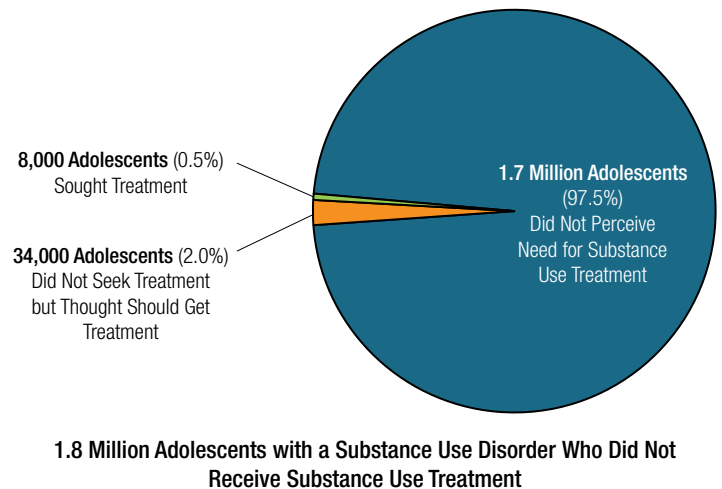
- they did not receive other services (i.e., support services from a support group or from a peer support specialist or recovery coach, services in an emergency room, or detoxification or withdrawal support services) but sought or thought they should get treatment in the past 12 months for their use of alcohol or drugs; or
- they received other services (described in the preceding bullet) but sought or thought they should get additional professional counseling, medication, or other treatment in the past 12 months for their use of alcohol or drugs.

This section presents estimates separately for the perceived unmet need for substance use treatment among adolescents aged 12 to 17 and among adults aged 18 or older. Factors affecting the perception of need for substance use treatment, including how people interpret whether they sought substance use treatment, could differ for adolescents and adults, even if adolescent and adult respondents were asked the same questions about perceived unmet need.

Perceived Unmet Need for Substance Use Treatment among Adolescents

Among the 1.8 million adolescents aged 12 to 17 in 2022 who had an SUD in the past year and did not receive substance use treatment, 97.5 percent (or 1.7 million people) did not perceive that they needed treatment (Figure 57 and

Figure 57. Perceptions of Need for Substance Use Treatment: Among Adolescents Aged 12 to 17 with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2022



Note: Adolescents with unknown information for perceptions of need for substance use treatment were excluded.

Table A.34AB). That is, they did not seek treatment and did not think they should get it. An estimated 2.5 percent of adolescents with an SUD in the past year (or 42,000 people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 0.5 percent of adolescents with an SUD (or 8,000 people) who sought treatment and 2.0 percent of adolescents with an SUD (or 34,000 people) who did not seek treatment but thought they should get it.

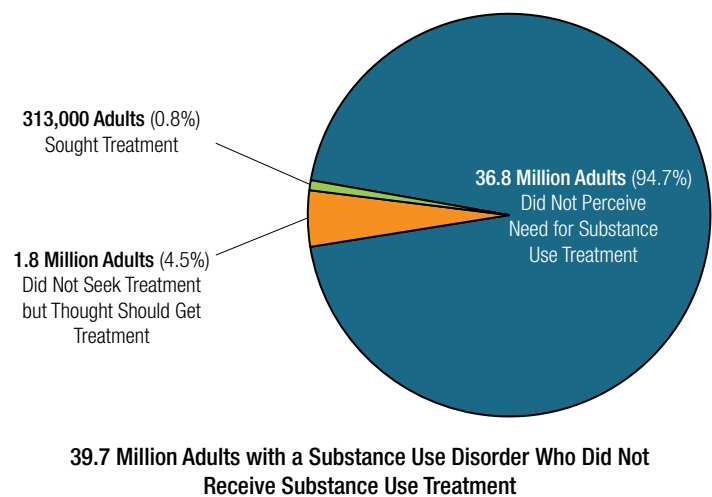
Perceived Unmet Need for Substance Use Treatment among Adults

Among the 39.7 million adults aged 18 or older in 2022 who had an SUD in the past year and did not receive substance use treatment, 94.7 percent (or 36.8 million people) did not perceive that they needed treatment (Figure 58 and Table A.34AB). That is, they did not seek treatment and did not think they should get it. An estimated 5.3 percent of adults with an SUD in the past year (or 2.1 million people) either sought treatment or did not seek treatment but thought they should get it. This percentage includes 0.8 percent of adults with an SUD (or 313,000 people) who sought treatment and 4.5 percent of adults with an SUD (or 1.8 million people) who did not seek treatment but thought they should get it.

By Race/Ethnicity

Among adults aged 18 or older in 2022 who had an SUD in the past year and did not receive substance use treatment

Figure 58. Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2022



Note: Adults with unknown information for perceptions of need for substance use treatment were excluded.

in the past year, similar percentages of people across racial or ethnic groups did not perceive that they needed substance use treatment. These percentages ranged from 92.9 percent of Multiracial adults to 96.8 percent of Asian adults (Table B.26B). Estimates for adults with an SUD who did not receive substance use treatment and did not perceive that they needed it could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.¹³

Reasons for Not Receiving Substance Use Treatment

Questions about barriers to the receipt of substance use treatment were revised for 2022 to be asked only of respondents who reported receiving no treatment in the past year (although they may have received care from a support group, from a peer support counselor or recovery coach, in an emergency room, or for detoxification or withdrawal support) and who reported either seeking treatment or thinking they should get treatment. For each reason for not receiving treatment, respondents were asked whether that reason was “one of the reasons” or “not one of the reasons” they did not seek or get treatment. The list of possible barriers to the receipt of treatment was also expanded for 2022.

NSDUH respondents who did not receive substance use treatment in the past 12 months but either sought treatment or thought they should get treatment were asked to report

the reasons for not receiving treatment.¹⁰⁶ As noted in previous sections, among people who were classified as having an SUD and did not receive substance use treatment in the past year, only 2.5 percent of adolescents aged 12 to 17 and 5.3 percent of adults aged 18 or older perceived an unmet need for treatment. For people who perceived an unmet need for treatment, information on common reasons for not receiving substance use treatment is important for identifying and addressing barriers to the receipt of treatment.

Barriers to the receipt of substance use treatment that are reported by NSDUH respondents are likely to vary by age, even if adolescent and adult respondents were asked the same questions. For example, adolescent respondents aged 12 to 17 may not have sufficient knowledge to report whether barriers related to health insurance coverage or cost were important reasons for them not receiving substance use treatment. Reasons for adolescents not receiving substance use treatment if they had a perceived unmet need for treatment are not presented because estimates could not be calculated with sufficient precision.¹³ Therefore, this section presents estimates only among adults aged 18 or older.

Reasons for Not Receiving Substance Use Treatment among Adults Aged 18 or Older

Among adults aged 18 or older in 2022 with a past year SUD who perceived an unmet need for treatment, the following were common reasons for not receiving substance use treatment:

- thinking they should have been able to handle their alcohol or drug use on their own (78.2 percent),
- not being ready to start treatment (61.3 percent),
- not being ready to stop or cut back on using alcohol or drugs (52.9 percent),
- not knowing how or where to get treatment (52.2 percent),
- thinking that treatment would cost too much (47.9 percent),
- being worried about what people would think or say if they got treatment (46.1 percent),
- not having enough time for treatment (42.4 percent), and
- not having health insurance coverage for alcohol or drug use treatment (41.9 percent) (Table A.35B).

Mental Health Treatment in the Past Year

The 2022 NSDUH included questions to estimate the receipt of treatment in the United States to help people with their mental health, emotions, or behavior. Questions apply to the receipt of mental health treatment among the adolescent and adult populations. These questions allowed for the estimation of mental health treatment among adolescents aged 12 to 17 overall and among adolescents with a past year MDE. These questions also allowed for the estimation of mental health treatment among adults aged 18 or older overall and among adults with an MDE, AMI, or SMI in the past year.¹⁵

Although this report presents estimates only from the 2022 NSDUH, SAMHSA considers that 2022 estimates for the receipt of mental health treatment should not be compared with estimates from prior years because the mental health treatment questions underwent considerable revision for the 2022 NSDUH. These revisions were intended to better reflect contemporary changes in the delivery of mental health treatment services. This revised section also was restructured to parallel the changes to questions for the receipt of substance use treatment.

The following key changes were made for 2022:¹⁰⁷

- Adolescents aged 12 to 17 and adults aged 18 or older received the same questions about mental health treatment. Before 2022, adolescents and adults received different sets of questions, such that measures differed for adolescents and adults. Consequently, the youth mental health service utilization section was dropped from the 2022 questionnaire.
- The instruction was dropped for respondents not to report mental health treatment associated with their use of alcohol or drugs.
- Terminology was updated, and questions were included about newer treatment options.
- Additional inpatient¹⁰⁸ and outpatient¹⁰⁹ locations were provided to adult respondents to report where they received treatment in the past 12 months. As noted previously, adolescents were asked about the receipt of treatment in these same inpatient and outpatient locations.
- The question about the use of medication that was prescribed to help with people's mental health applied to all respondents, regardless of age. Before 2022, only adults were asked if they took prescribed medication to help with their mental health.

- The question about treatment received in prison, jail, or a juvenile detention center applied to all respondents, regardless of age. Before 2022, only adolescents were asked whether they received services in a juvenile detention center, prison, or jail.
- The question about the receipt of treatment over the phone or through video (i.e., treatment via telehealth) was revised to emphasize treatment people received from a therapist or other healthcare professional.

Beginning in 2022, mental health treatment was defined both for adolescents aged 12 to 17 and adults aged 18 or older as the receipt of professional counseling, medication, or other treatment for their mental health in an inpatient location; in an outpatient location; via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year), or taking prescribed medication in the past year to help with people's mental health.

The 2022 NSDUH also collected information on the receipt of other services, such as support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room or department. These other services were not classified as "mental health treatment." However, they were included in a separate aggregate measure created to cover the receipt of mental health treatment or other services.

Similar to its effect on substance use treatment, the COVID-19 pandemic affected the availability of services and the modes of mental health service delivery. Even before the COVID-19 pandemic, the use of telehealth for mental health treatment was proposed as an alternative to in-person treatment as a means to increase availability and access, particularly in areas where services are limited or there are barriers to treatment (e.g., issues in transportation).^{110,111} Mental health treatment delivered via telehealth has been shown to be effective.^{112,113} N-SSATS and N-MHSS data available in SAMHSA's Behavioral Health Treatment Services Locator indicated that the availability of telehealth for mental health treatment increased by 77 percent between January 2020 and January 2021. By January 2021, more than two thirds of outpatient mental health facilities were offering treatment via telehealth.¹⁰⁵

In sections that present estimates for adolescents aged 12 to 17, estimates are presented for all adolescents. Estimates are not presented among racial or ethnic groups of adolescents because the relatively smaller sample of adolescents affects the conclusions that can be reached for the receipt of mental

health treatment by racial or ethnic group. In sections that present estimates for adults aged 18 or older, estimates are first presented by age group, followed where applicable by estimates among racial or ethnic groups.¹³ For adolescents and adults, locations or types of mental health treatment are not mutually exclusive. For example, people could have received mental health treatment in an outpatient setting and taken prescription medication in the past year for their mental health.

Mental Health Treatment among Adolescents

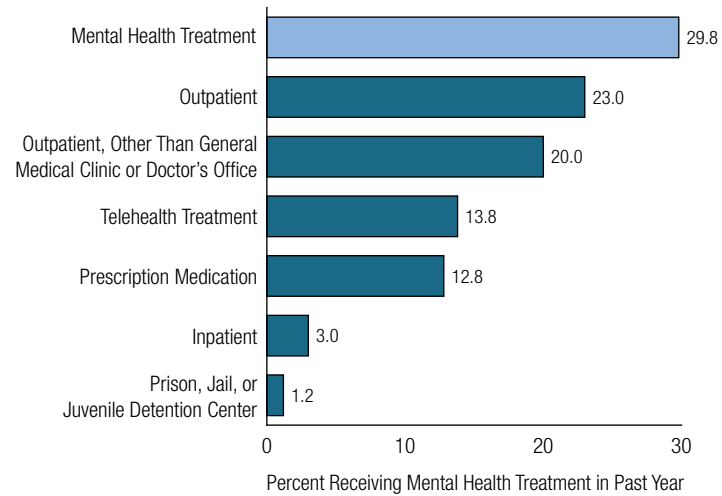
The 2022 NSDUH included questions for adolescents aged 12 to 17 that asked about the receipt of professional counseling, medication, or other treatment they may have received for their mental health. As noted previously, adolescent respondents aged 12 to 17 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;¹⁰⁸ in an outpatient location;¹⁰⁹ via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they took medication in the past year that was prescribed to help with their mental health. Adolescent respondents who reported receiving any of these types of treatment were classified as having received mental health treatment in the past year.

This section first presents estimates for the receipt of mental health treatment in the past year among all adolescents aged 12 to 17, followed by estimates for the receipt of mental health treatment among adolescents who had an MDE in the past year. Measures for AMI or SMI were not created for adolescents.

Receipt of Mental Health Treatment among All Adolescents

In 2022, 29.8 percent of adolescents aged 12 to 17 (or 7.7 million people) received mental health treatment (Figure 59 and Table A.36B). An estimated 23.0 percent of adolescents aged 12 to 17 (or 5.9 million people) received mental health treatment in an outpatient setting; 13.8 percent (or 3.6 million people) received mental health treatment via telehealth; 12.8 percent (or 3.3 million people) took medication that was prescribed for their mental health; 3.0 percent (or 783,000 people) received mental health treatment in an inpatient setting; and 1.2 percent (or 304,000 people) received mental health treatment in a prison, jail, or juvenile detention center. In addition, 20.0 percent of adolescents aged 12 to 17 (or 5.1 million people) received outpatient mental health treatment in

Figure 59. Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17; 2022



Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

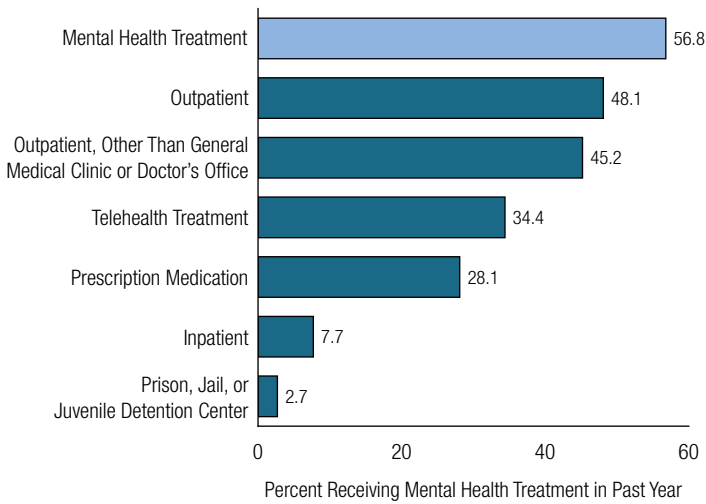
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. People who received outpatient mental health treatment in a location other than a general medical clinic or doctor's office also are included in the estimate for outpatient mental health treatment.

a location other than a general medical clinic or doctor's office. This group represents the majority of the 5.9 million adolescents who received outpatient mental health treatment.

Receipt of Mental Health Treatment among Adolescents with an MDE

As noted in the section on MDE and MDE with Severe Impairment among Adolescents, an estimated 4.8 million adolescents aged 12 to 17 in 2022 had a past year MDE. Of these adolescents with a past year MDE, 56.8 percent (or 2.7 million people) received mental health treatment in the past year, including 48.1 percent (or 2.3 million people) who received mental health treatment in an outpatient setting; 34.4 percent (or 1.7 million people) who received mental health treatment via telehealth; 28.1 percent (or 1.4 million people) who took medication that was prescribed for their mental health; 7.7 percent (or 369,000 people) who received mental health treatment in an inpatient setting; and 2.7 percent (or 131,000 people) who received mental health treatment in a prison, jail, or juvenile detention center (Figure 60 and Table A.36B). However, more than 40 percent of adolescents with a past year MDE (or 2.1 million people) did not receive mental health treatment in the past year, including those who did not receive outpatient mental health treatment through a school health or counseling center (Table A.37AB).²⁰

Figure 60. Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE); 2022



Note: Adolescents with unknown past year MDE data were excluded.

Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. People who received outpatient mental health treatment in a location other than a general medical clinic or doctor's office also are included in the estimate for outpatient mental health treatment.

Receipt of Other Mental Health Services among Adolescents

As noted previously, in addition to collecting information on mental health treatment, the 2022 NSDUH collected information on the receipt of other services to help people with their mental health. These other services include support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room. These other services were not classified as “mental health treatment.”

In 2022, 7.2 percent of adolescents aged 12 to 17 (or 1.9 million people) received other mental health services in the past year from a support group, 3.1 percent (or 785,000 people) received services from a peer support specialist or recovery coach, and 2.7 percent (or 691,000 people) received services in an emergency room ([Table A.36B](#)). Among the 4.8 million adolescents aged 12 to 17 with a past year MDE ([Figure 38](#)), 15.9 percent (or 765,000 people) received other mental health services in the past year from a support group, 8.1 percent (or 390,000 people) received services in an emergency room, and 7.8 percent (or 375,000 people) received services from a peer support specialist or recovery coach.²⁰

Perceived Unmet Need for Mental Health Treatment among Adolescents with a Past Year MDE

This section discusses estimates of perceived unmet need for mental health treatment among adolescents aged 12 to 17 with an MDE in the past year who did not receive mental health treatment in the past year. Beginning in 2022, adolescents who did not receive mental health treatment in the past year were asked whether they sought treatment or thought they should get treatment for their mental health. These questions were asked only if adolescents did not report any receipt of inpatient or outpatient mental health treatment; use of prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center.

Adolescent NSDUH respondents aged 12 to 17 in 2022 were classified as having a perceived unmet need for mental health treatment if they did not receive mental health treatment in the past year, but they sought treatment or thought they should get treatment in the past 12 months to help with their mental health. Respondents also were classified as having a perceived unmet need for mental health treatment if they received other services in the past 12 months but not mental health treatment and sought or thought they should get additional professional counseling, medication, or other treatment for their mental health.

As noted previously, 2.1 million adolescents aged 12 to 17 in 2022 had a past year MDE and did not receive mental health treatment in the past year ([Table A.37AB](#)). Of these 2.1 million adolescents, nearly half (48.3 percent or 987,000 people) perceived an unmet need for mental health treatment, including 8.7 percent (or 181,000 people) who sought treatment and 39.4 percent (or 805,000 people) who did not seek treatment but thought they should get it.

Reasons for Not Receiving Mental Health Treatment among Adolescents with a Past Year MDE and a Perceived Unmet Need

Beginning in 2022, adolescents aged 12 to 17 who had a perceived unmet need for mental health treatment in the past year were asked to report their reasons for not receiving treatment. These questions on reasons for not receiving treatment were the same for adolescents and for adults aged 18 or older.

Among the 987,000 adolescents aged 12 to 17 in 2022 with a past year MDE who perceived an unmet need for mental health treatment, the most common reason for not receiving treatment was that they thought they should have been able to handle their mental health, emotions, or behavior

on their own (86.9 percent) ([Table A.38B](#)). The following were additional common reasons for not receiving treatment among adolescents with a past year MDE and a perceived unmet need for mental health treatment:

- being worried about what people would think or say if they got treatment (59.8 percent),
- being worried that information they shared would not be kept private (57.8 percent),
- not knowing how or where to get treatment (55.5 percent),
- thinking no one would care if they got better (53.9 percent), and
- not thinking treatment would help them (51.5 percent).

Mental Health Treatment among Adults

Adult respondents aged 18 or older in 2022 were asked whether they received professional counseling, medication, or other treatment for their mental health in an inpatient location;¹⁰⁸ in an outpatient location;¹⁰⁹ via telehealth; or in a prison, jail, or juvenile detention center in the 12 months prior to the survey interview (i.e., in the past year). Respondents also were asked if they took medication in the past year that was prescribed to help with their mental health. Adult respondents who reported receiving any of these types of treatment were classified as having received mental health treatment in the past year.

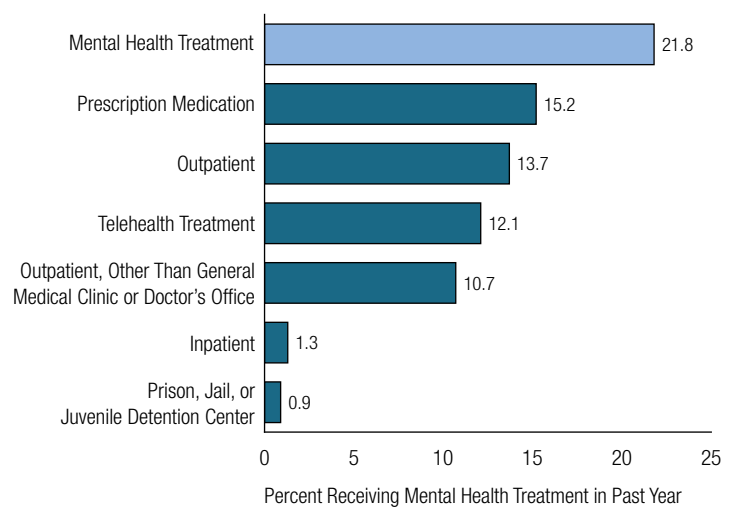
This section first presents estimates for the receipt of mental health treatment in the past year among all adults aged 18 or older, followed by estimates for the receipt of mental health treatment among adults who had an MDE, AMI, or SMI in the past year. Estimates also are presented for the receipt of mental health treatment among adults by age group. Estimates for selected measures among adults are presented by racial or ethnic groups. The focus of comparisons by age group or by racial or ethnic groups often is on the groups that were less likely to have received mental health treatment in the past year. For the receipt of inpatient mental health treatment, however, the focus is on people in the groups that were *more* likely to have received inpatient treatment, where the severity of people’s mental disorders would require close monitoring by mental health and other health professionals.

In 2022, 21.8 percent of adults aged 18 or older (or 55.8 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication

to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center ([Figure 61](#) and [Table A.39B](#)). An estimated 15.2 percent of adults aged 18 or older (or 38.9 million people) took prescription medication; 13.7 percent (or 35.1 million people) received outpatient treatment; 12.1 percent (or 31.0 million people) received treatment via telehealth; 1.3 percent (or 3.4 million people) received inpatient treatment; and 0.9 percent (or 2.2 million people) received mental health treatment in a prison, jail, or juvenile detention center. In addition, 10.7 percent of adults aged 18 or older (or 27.4 million people) received outpatient mental health treatment in a location other than a general medical clinic or doctor’s office. This group represents the majority of the 35.1 million adults who received mental health treatment as outpatients.

Adults aged 50 or older in 2022 were less likely than young adults aged 18 to 25 or adults aged 26 to 49 to have received any of these types of mental health treatment in the past year. Specifically, 18.0 percent of adults aged 50 or older (or 21.4 million people) received any of these types of mental health treatment compared with 26.7 percent of young adults aged 18 to 25 (or 9.3 million people) and 24.5 percent of adults aged 26 to 49 (or 25.1 million people) ([Table A.39B](#)).

Figure 61. Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older, 2022



Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. People who received outpatient mental health treatment in a location other than a general medical clinic or doctor’s office also are included in the estimate for outpatient mental health treatment.

In 2022, adults aged 50 or older were less likely than adults in other age groups to have received mental health treatment via telehealth, to have received outpatient mental health treatment, or to have taken prescription medication for their mental health. Specifically, 12.8 percent of adults aged 50 or older (or 15.2 million people) took prescription medication in the past year compared with 17.5 percent of young adults aged 18 to 25 (or 6.1 million people) and 17.2 percent of adults aged 26 to 49 (or 17.6 million people) ([Table A.39B](#)). Among adults aged 50 or older, 7.8 percent (or 9.2 million people) received treatment via telehealth in the past year compared with 17.2 percent of young adults aged 18 to 25 (or 6.0 million people) and 15.4 percent of adults aged 26 to 49 (or 15.8 million people). In addition, 10.5 percent of adults aged 50 or older (or 12.4 million people) received outpatient mental health treatment compared with 17.8 percent of young adults aged 18 to 25 (or 6.2 million people) and 16.0 percent of adults aged 26 to 49 (or 16.4 million people).

Adults aged 26 to 49 in 2022 also were less likely than young adults aged 18 to 25 to have received outpatient mental health treatment or treatment via telehealth ([Table A.39B](#)). Percentages did not differ between young adults and adults aged 26 to 49 for taking prescription medication to help with mental health.

The percentage of adults in 2022 who received inpatient mental health treatment in the past year was highest among young adults aged 18 to 25 (2.1 percent or 732,000 people) ([Table A.39B](#)). Similar percentages of adults aged 26 to 49 (1.3 percent or 1.4 million people) and adults aged 50 or older (1.1 percent or 1.3 million people) received inpatient mental health treatment. The percentage of adults who received mental health treatment in a prison, jail, or juvenile detention center did not differ by age group.

By Race/Ethnicity

Among adults aged 18 or older in 2022, American Indian or Alaska Native (11.6 percent), Asian (12.3 percent), Hispanic (14.6 percent), or Black adults (15.3 percent) were less likely than White (25.9 percent) or Multiracial adults (28.6 percent) to have received any of the five types of mental health treatment in the past year ([Table B.27B](#)). The percentage of adults who received any mental health treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

In 2022, American Indian or Alaska Native, Asian, Hispanic, or Black adults were less likely than White or Multiracial adults to have received mental health treatment via telehealth, to have received outpatient mental health treatment, or to have taken prescription medication for their mental health ([Table B.27B](#)). In addition to this general pattern, American Indian or Alaska Native adults were less likely than Hispanic adults to have received outpatient mental health treatment in the past year. The percentage of adults who received these specific types of mental health treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

However, Black adults aged 18 or older in 2022 (2.4 percent) were more likely than Asian (0.6 percent), White (1.2 percent), or Hispanic adults (1.3 percent) to receive inpatient mental health treatment in the past year ([Table B.27B](#)). The percentage of adults who received inpatient mental health treatment in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Receipt of Mental Health Treatment among Adults with an MDE

As noted in the section on [MDE and MDE with Severe Impairment among Adults](#), an estimated 22.5 million adults aged 18 or older in 2022 had a past year MDE. Of these adults with a past year MDE, 61.5 percent (or 13.8 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center ([Table A.40B](#)). An estimated 47.4 percent of adults aged 18 or older in 2022 with an MDE in the past year (or 10.6 million people) took prescription medication; 46.1 percent (or 10.4 million people) received outpatient treatment; 43.6 percent (or 9.8 million people) received treatment via telehealth; 5.1 percent (or 1.2 million people) received inpatient treatment; and 2.5 percent (or 557,000 people) received mental health treatment in a prison, jail, or juvenile detention center. In addition, 39.4 percent of adults with a past year MDE (or 8.9 million people) received outpatient mental health treatment in a location other than a general medical clinic or doctor's office. This group represents the majority of the 10.4 million adults with a past year MDE who received outpatient mental health treatment.²⁰

Young adults aged 18 to 25 in 2022 with an MDE in the past year were less likely than adults aged 26 to 49 or adults aged 50 or older to have received any of these types of mental health treatment in the past year. Specifically, 56.7 percent of young adults aged 18 to 25 with a past year MDE (or 4.0 million people) received any of these types of mental health treatment compared with 62.2 percent of their counterparts aged 26 to 49 (or 6.2 million people) and 66.4 percent of those aged 50 or older (or 3.7 million people) (Table A.40B).²⁰

By Race/Ethnicity

Among adults aged 18 or older in 2022 who had an MDE in the past year, Hispanic (49.7 percent) or Black adults (51.2 percent) were less likely than White (66.6 percent) or Multiracial adults (68.6 percent) to have received any of these types of mental health treatment in the past year (Table B.28B). Percentages of adults with a past year MDE who received any of these types of mental health treatment could not be calculated with sufficient precision for Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander adults.¹³

Hispanic or Black adults aged 18 or older in 2022 with a past year MDE were less likely than White adults with a past year MDE to have received outpatient mental health treatment or to have taken prescription medication to help with their mental health (Table B.28B). For example, 33.8 percent of Black adults and 36.1 percent of Hispanic adults with a past year MDE received outpatient mental health treatment in the past year compared with 50.9 percent of White adults with a past year MDE. Hispanic or Black adults in 2022 with a past year MDE were less likely than Multiracial adults with a past year MDE to have received mental health treatment via telehealth in the past year. There were no statistically significant differences in 2022 by racial or ethnic groups among adults with a past year MDE for the receipt of inpatient mental health treatment or treatment in a prison, jail, or juvenile detention center.

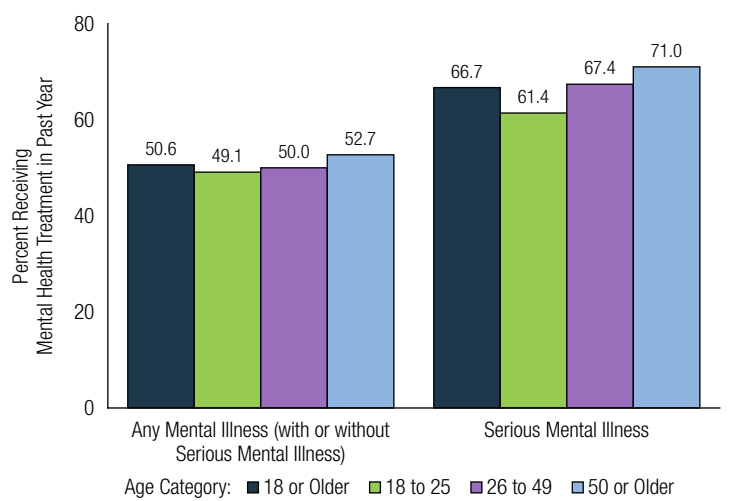
Receipt of Mental Health Treatment among Adults with AMI

Among the 59.3 million adults aged 18 or older in 2022 with AMI in the past year (Figure 45), 50.6 percent (or 30.0 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; taking prescription medication to help with their mental health; treatment

via telehealth; or treatment in a prison, jail, or juvenile detention center (Figure 62 and Table A.41B). An estimated 38.5 percent of adults aged 18 or older with AMI in the past year (or 22.8 million people) took prescription medication for their mental health; 35.4 percent (or 21.0 million people) received outpatient mental health treatment; 33.1 percent (or 19.6 million people) received mental health treatment via telehealth; 3.6 percent (or 2.2 million people) received inpatient mental health treatment; and 2.2 percent (or 1.3 million people) received mental health treatment in a prison, jail, or juvenile detention center. In addition, 29.2 percent of adults with AMI in the past year (or 17.3 million people) received outpatient mental health treatment in a location other than a general medical clinic or doctor’s office. This group represents the majority of the 21.0 million adults with AMI in the past year who received outpatient mental health treatment.²⁰

The percentages of adults aged 18 or older with AMI in the past year who received any of these types of treatment in the past year were similar across age groups (49.1 percent of young adults aged 18 to 25, 50.0 percent of adults aged 26 to 49, and 52.7 percent of adults aged 50 or older) (Figure 62 and Table A.41B). These percentages correspond to 6.2 million young adults aged 18 to 25, 15.1 million adults aged 26 to 49, and 8.7 million adults aged 50 or older with AMI who received any of these types of treatment in the past year.

Figure 62. Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year; 2022



Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Percentages of adults aged 18 or older in 2022 with AMI in the past year who received inpatient treatment, outpatient treatment, or treatment via telehealth in the past year also did not differ significantly by age group (Table A.41B).

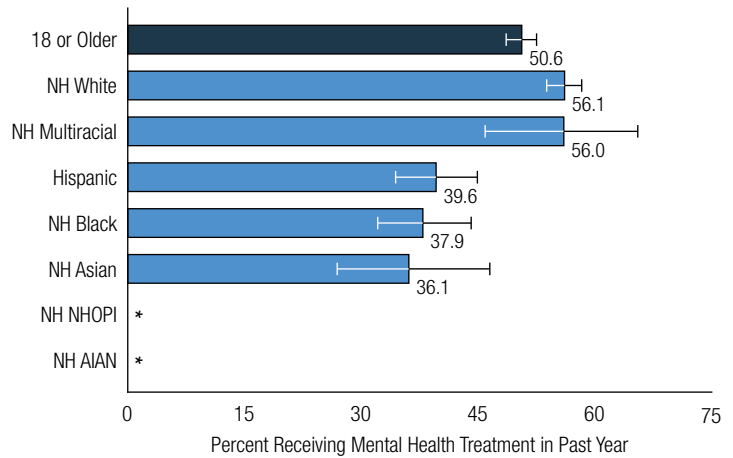
However, young adults aged 18 to 25 with AMI in the past year were less likely than adults aged 26 to 49 or adults aged 50 or older with AMI to have taken prescription medication in the past year to help with their mental health (Table A.41B). Specifically, 34.0 percent of young adults aged 18 to 25 with AMI (or 4.3 million people) took prescription medication in the past year compared with 37.6 percent of adults aged 26 to 49 (or 11.3 million people) and 43.5 percent of adults aged 50 or older with AMI (or 7.2 million people).

By Race/Ethnicity

Among adults aged 18 or older in 2022 who had AMI in the past year, Asian (36.1 percent), Black (37.9 percent), or Hispanic adults (39.6 percent) were less likely than Multiracial (56.0 percent) or White adults (56.1 percent) to have received any of these types of mental health treatment in the past year (Figure 63 and Table B.29B). Percentages for the receipt of any of these types of mental health treatment in the past year among adults with AMI in the past year could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.¹³

American Indian or Alaska Native, Black, or Hispanic adults aged 18 or older in 2022 with AMI in the past year were less likely than White adults with AMI to have received outpatient mental health treatment, to have taken prescription medication to help with their mental health, or to have received mental health treatment via telehealth in the past year (Table B.29B). For example, 22.8 percent of American Indian or Alaska Native, 24.2 percent of Black, and 28.1 percent of Hispanic adults with AMI received outpatient mental health treatment compared with 39.5 percent of White adults with AMI. In addition, Asian adults with AMI were less likely than White adults with AMI to have received outpatient mental health treatment in the past year (26.5 percent of Asian adults) or to have taken prescription medication to help with their mental health (21.5 percent of Asian adults and 45.2 percent of White adults). Multiracial adults with AMI (34.8 percent) were less likely than White adults with AMI to have taken prescription medication to help with their mental health.

Figure 63. Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Race/Ethnicity, 2022



* Low precision; no estimate reported.

AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOP = Native Hawaiian or Other Pacific Islander.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

American Indian or Alaska Native, Black, or Hispanic adults aged 18 or older in 2022 with AMI in the past year also were less likely than Multiracial adults (40.2 percent) with AMI to have received outpatient mental health treatment in the past year (Table B.29B). American Indian or Alaska Native or Black adults with AMI in the past year (20.6 and 24.5 percent, respectively) were less likely than Multiracial adults with AMI (40.1 percent) to have received mental health treatment via telehealth in the past year. In addition, Asian adults with AMI in the past year were less likely than Multiracial adults with AMI to have taken prescription medication in the past year to help with their mental health (21.5 vs. 34.8 percent).

The percentage of adults aged 18 or older in 2022 with AMI in the past year who received inpatient mental health treatment or treatment in a prison, jail, or juvenile detention center in the past year did not differ significantly by race or ethnicity. Percentages for the receipt of specific types of mental health treatment in the past year among adults with AMI in the past year could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults.¹³

Receipt of Mental Health Treatment among Adults with SMI

Among the 15.4 million adults aged 18 or older in 2022 with SMI in the past year ([Figure 45](#)), 66.7 percent (or 10.2 million people) received any of the following types of mental health treatment in the past year: inpatient or outpatient mental health treatment; prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center ([Figure 62](#) and [Table A.42B](#)). Thus, about two thirds of adults aged 18 or older with SMI received some type of mental health treatment in the past year.

Among adults aged 18 or older in 2022 with SMI in the past year, an estimated 53.8 percent (or 8.3 million people) took prescription medication to help with their mental health; 51.0 percent (or 7.8 million people) received outpatient mental health treatment; 49.0 percent (or 7.5 million people) received mental health treatment via telehealth; 7.3 percent (or 1.1 million people) received inpatient mental health treatment; and 3.8 percent (or 582,000 people) received mental health treatment in a prison, jail, or juvenile detention center ([Table A.42B](#)). In addition, 44.2 percent of adults with SMI in the past year (or 6.8 million people) received outpatient mental health treatment in a location other than a general medical clinic or doctor's office. This group represents the majority of the 7.8 million adults with SMI in the past year who received outpatient mental health treatment.²⁰

In 2022, more than half of adults in each age group who had SMI in the past year received mental health treatment in the past year ([Figure 62](#) and [Table A.42B](#)). However, the percentage of adults with SMI in the past year who received any mental health treatment in the past year was lower among young adults aged 18 to 25 (61.4 percent or 2.5 million people) compared with adults aged 26 to 49 (67.4 percent or 5.3 million people) or adults aged 50 or older (71.0 percent or 2.5 million people).

Young adults aged 18 to 25 in 2022 with SMI in the past year also were less likely than adults aged 26 to 49 or adults aged 50 or older with SMI to have taken prescription medication in the past year to help with their mental health or to have received mental health treatment in a prison, jail, or juvenile detention center ([Table A.42B](#)). Specifically, 46.0 percent of young adults aged 18 to 25 with SMI (or 1.9 million people) took prescription medication in the past year compared with 55.0 percent of adults aged 26 to 49 (or 4.3 million people) and 60.0 percent of adults aged

50 or older with SMI (or 2.1 million people). Although young adults aged 18 to 25 with SMI were less likely than adults with SMI in other age groups to have received mental health treatment in a prison, jail, or juvenile detention center in the past year, percentages and estimated numbers of people with SMI in each age group were relatively small. Specifically, 1.9 percent of young adults aged 18 to 25 with SMI (or 78,000 people) received mental health treatment in a prison, jail, or juvenile detention center in the past year compared with 3.9 percent of adults aged 26 to 49 (or 306,000 people) and 5.6 percent of adults aged 50 or older with SMI (or 198,000 people).²⁰

In addition, young adults aged 18 to 25 in 2022 with SMI in the past year were less likely than adults aged 26 to 49 with SMI to have received outpatient mental health treatment in the past year ([Table A.42B](#)). Specifically, 45.4 percent of young adults with SMI (or 1.8 million people) received outpatient treatment compared with 52.5 percent of adults aged 26 to 49 with SMI (or 4.1 million people).

Differences by age group in 2022 for the receipt of inpatient mental health treatment or treatment via telehealth in the past year were not statistically significant for adults with SMI in the past year.

By Race/Ethnicity

Among adults aged 18 or older in 2022 with SMI in the past year, Black or Hispanic adults were less likely than White adults to have received any of these types of mental health treatment in the past year. Specifically, 52.3 percent of Black adults and 58.4 percent of Hispanic adults with SMI received any of these types of mental health treatment in the past year compared with 71.4 percent of White adults with SMI ([Table B.30B](#)). Black adults with SMI also were less likely than Multiracial adults with SMI (73.9 percent) to have received any of these types of mental health treatment in the past year.

In 2022, Black adults with SMI were less likely than White adults with SMI to have received outpatient mental health treatment, to have taken prescription medication to help with their mental health, or to have received mental health treatment via telehealth in the past year. For example, only about a third of Black adults with SMI (33.6 percent) received outpatient mental health treatment compared with more than half of White adults with SMI (55.1 percent) ([Table B.30B](#)). Hispanic adults with SMI (43.0 percent) also were less likely than White adults with SMI to have

taken prescription medication in the past year to help with their mental health. There were no statistically significant differences by racial or ethnic groups for the receipt of inpatient mental health treatment or mental health treatment received in a prison, jail, or juvenile detention center among adults aged 18 or older with SMI in the past year.

Percentages for the receipt of mental health treatment in the past year among adults with SMI in the past year could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander adults.¹³

Receipt of Other Mental Health Services among Adults

As noted previously, the 2022 NSDUH also collected information on the receipt of other services to help people with their mental health, such as support services from a support group or from a peer support specialist or recovery coach, or services in an emergency room. These other services were not classified as “mental health treatment.”

In 2022, 3.3 percent of adults aged 18 or older (or 8.5 million people) received other mental health services in the past year from a support group, 1.4 percent (or 3.7 million people) received services from a peer support specialist or recovery coach, and 1.1 percent (or 2.8 million people) received services in an emergency room ([Table A.43B](#)). The following percentages and estimated numbers of adults aged 18 or older with a past year MDE received other mental health services in the past year:

- 12.3 percent (or 2.8 million people) from a support group,
- 6.4 percent (or 1.4 million people) from a peer support specialist or recovery coach, and
- 5.6 percent (or 1.3 million people) in an emergency room.²⁰

The following percentages and estimated numbers of adults aged 18 or older in 2022 with AMI in the past year received other mental health services in the past year:

- 9.2 percent (or 5.4 million people) from a support group,
- 4.6 percent (or 2.7 million people) from a peer support specialist or recovery coach, and
- 3.5 percent (or 2.1 million people) in an emergency room.²⁰

The following percentages and estimated numbers of adults aged 18 or older in 2022 with SMI in the past year received other mental health services in the past year:

- 15.1 percent (or 2.3 million people) from a support group,
- 7.8 percent (or 1.2 million people) from a peer support specialist or recovery coach, and
- 7.5 percent (or 1.2 million people) in an emergency room.²⁰

Perceived Unmet Need for Mental Health Treatment among Adults with Mental Health Issues

This section discusses estimates of perceived unmet need for mental health treatment among adults aged 18 or older with an MDE, AMI, or SMI in the past year who did not receive mental health treatment in the past year. The section also discusses the reasons adults aged 18 or older with AMI did not receive treatment in the past year if they had a perceived unmet need.

In addition to revisions to questions for the receipt of mental health treatment, questions that adults were asked about the perceived unmet need for treatment were revised for the 2022 NSDUH. Beginning in 2022, these questions were asked only if adults did not report any receipt of inpatient or outpatient treatment; taking prescription medication to help with mental health; treatment via telehealth; or treatment in a prison, jail, or juvenile detention center. Adults who did not receive mental health treatment in the past year were asked whether they sought treatment or thought they should get treatment for their mental health.

Adult NSDUH respondents aged 18 or older in 2022 were classified as having a perceived unmet need for mental health treatment if they did not receive mental health treatment in the past year, but they sought treatment or thought they should get treatment in the past 12 months to help with their mental health. Respondents also were classified as having a perceived unmet need for mental health treatment if they received other services in the past 12 months but not mental health treatment and sought or thought they should get additional professional counseling, medication, or other treatment for their mental health.

Perceived Unmet Need for Mental Health Treatment among Adults with a Past Year MDE

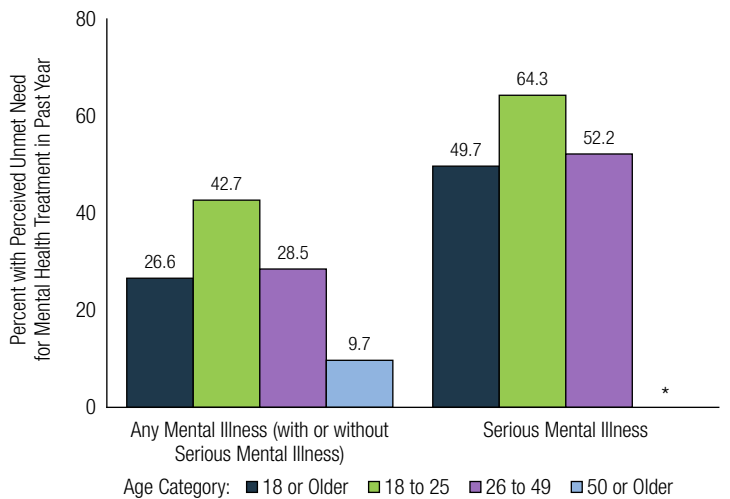
As noted in the section on [MDE and MDE with Severe Impairment among Adults](#), an estimated 22.5 million adults

aged 18 or older in 2022 had a past year MDE. Of these adults with a past year MDE, nearly 40 percent (8.7 million people) did not receive mental health treatment in the past year (Table A.44A). Among these 8.7 million adults with a past year MDE who did not receive mental health treatment, 43.3 percent (or 3.7 million people) perceived an unmet need for mental health treatment in the past year (Table A.44B). The percentages of adults in 2022 with a past year MDE who had a perceived unmet need for treatment were higher among young adults aged 18 to 25 (51.8 percent or 1.6 million people) or adults aged 26 to 49 (46.4 percent or 1.7 million people) than among adults aged 50 or older (23.0 percent or 418,000 people).

Perceived Unmet Need for Mental Health Treatment among Adults with AMI

Of the 59.3 million adults aged 18 or older in 2022 who had AMI in the past year (Figure 45), about half (29.3 million people) did not receive mental health treatment in the past year (Table A.45A). Among these 29.3 million adults with AMI in the past year who did not receive mental health treatment, 26.6 percent (or 7.6 million people) perceived an unmet need for mental health treatment in the past year (Figure 64 and Tables A.45A and A.45B). The percentage

Figure 64. Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year Who Did Not Receive Mental Health Treatment; 2022



* Low precision; no estimate reported.
Note: Adults with unknown information for perceptions of need for mental health treatment were excluded.
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

of adults in 2022 with AMI in the past year who had a perceived unmet need for mental health treatment was highest among young adults aged 18 to 25 (42.7 percent or 2.7 million people), followed by adults aged 26 to 49 (28.5 percent or 4.2 million people), then by adults aged 50 or older (9.7 percent or 743,000 people).

Perceived Unmet Need for Mental Health Treatment among Adults with SMI

Of the 15.4 million adults aged 18 or older in 2022 who had SMI in the past year (Figure 45), about one third (5.1 million people) did not receive mental health treatment in the past year (Table A.46A). Among these 5.1 million adults with SMI in the past year who did not receive mental health treatment, 49.7 percent (or 2.5 million people) perceived an unmet need for mental health treatment in the past year (Figure 64 and Tables A.46A and A.46B). The percentage of adults in 2022 with SMI in the past year who had a perceived unmet need for mental health treatment was higher among young adults aged 18 to 25 (64.3 percent or 987,000 people) than among adults aged 26 to 49 (52.2 percent or 1.3 million people). The percentage of adults with SMI in the past year who had a perceived unmet need for mental health treatment could not be calculated with sufficient precision for adults aged 50 or older.¹³

Reasons for Not Receiving Mental Health Treatment among Adults with AMI and a Perceived Unmet Need

Among adults aged 18 or older in 2022 who had AMI in the past year and a perceived unmet need for mental health treatment in the past year, the most common reason for not receiving treatment was that they thought they should have been able to handle their mental health, emotions, or behavior on their own (74.2 percent) (Table A.47B). The following were additional common reasons for not receiving treatment among adults with AMI in the past year and a perceived unmet need for mental health treatment:

- thinking treatment would cost too much (58.9 percent),
- not being ready to start treatment (51.6 percent),
- not knowing how or where to get treatment (51.1 percent),
- not having enough time for treatment (48.9 percent), and
- not being able to find a treatment program or healthcare professional they wanted to go to (46.8 percent).

Receipt of Treatment for Co-Occurring Mental Health Issues and Substance Use Disorder

The relationship between SUDs and mental disorders is known to be bidirectional. The presence of a mental disorder may contribute to the development or exacerbation of an SUD. Likewise, the presence of an SUD may contribute to the development or exacerbation of a mental disorder. The combined presence of SUDs and mental disorders (hereafter referred to as co-occurring disorders) results in more profound functional impairment; worse treatment outcomes; higher morbidity and mortality; increased treatment costs; and higher risk for homelessness, incarceration, and suicide than if people had only one of these disorders.^{114,115,116} Current treatment guidelines often recommend that people with co-occurring disorders receive treatment for both disorders.^{117,118,119}

This section presents estimates of the receipt of treatment among adolescents aged 12 to 17 and adults aged 18 or older with co-occurring mental health issues and SUDs. Estimates are first presented for whether people with co-occurring mental health issues and an SUD received any treatment for their substance use (i.e., their use of alcohol or drugs) or to help them with their mental health (i.e., mental health treatment), or if people received no treatment. If people with co-occurring mental health issues and an SUD received treatment for either their substance use or their mental health issues, estimates are presented for the following:

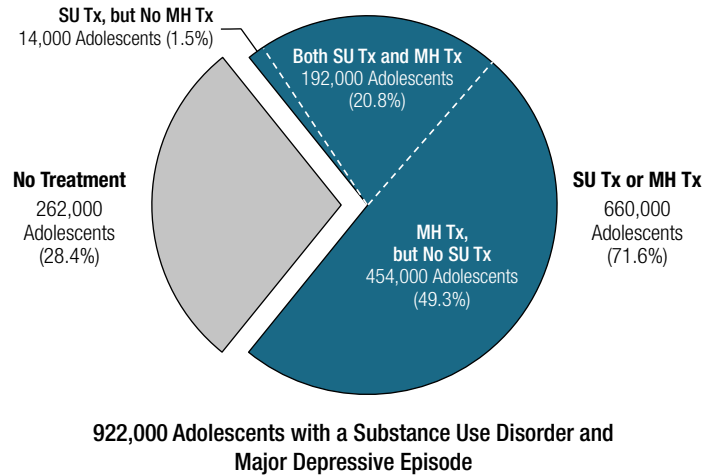
- mental health treatment but not substance use treatment,
- substance use treatment but not mental health treatment, or
- both substance use treatment and mental health treatment.

Estimates are presented overall and by age group.

Receipt of Treatment among Adolescents with a Co-Occurring MDE and an SUD

Among the 922,000 adolescents aged 12 to 17 in 2022 with a co-occurring MDE and an SUD in the past year (Figures 43 and 65 and Table A.22AB), 71.6 percent (or 660,000 people) received either substance use or mental health treatment in the past year, and 28.4 percent (or 262,000 people) received neither type of treatment (Table A.48B). Stated another way, about 3 in 10 adolescents aged 12 to 17 with a co-occurring MDE and an SUD in the

Figure 65. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with Past Year Substance Use Disorder and Major Depressive Episode (MDE); 2022



MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: Adolescents with unknown past year MDE data were excluded.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

past year did not receive treatment for either condition. An estimated 49.3 percent of adolescents aged 12 to 17 with a co-occurring MDE and an SUD in the past year (or 454,000 people) received only mental health treatment, 1.5 percent (or 14,000 people) received only substance use treatment, and 20.8 percent (or 192,000 people) received both substance use treatment and mental health treatment.

Among the 660,000 adolescents aged 12 to 17 in 2022 with a co-occurring MDE and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 65), most received only mental health treatment (68.8 percent).²⁰ An estimated 2.2 percent of these adolescents received only substance use treatment, and 29.1 percent received both types of treatment.²⁰

Receipt of Treatment among Adults with Co-Occurring AMI and an SUD

Among the 21.5 million adults aged 18 or older in 2022 with co-occurring AMI and an SUD in the past year (Figure 45 and Table A.24A), 59.1 percent (or 12.7 million people) received either substance use treatment or mental health treatment in the past year, and 40.9 percent (or 8.8 million people) received neither type of treatment

(Figure 66 and Table A.49B). Stated another way, about 2 in 5 adults aged 18 or older with co-occurring AMI and an SUD in the past year did not receive treatment for either condition. An estimated 37.9 percent of adults aged 18 or older with co-occurring AMI and an SUD in the past year (or 8.2 million people) received only mental health treatment, 4.2 percent (or 910,000 people) received only substance use treatment, and 17.0 percent (or 3.7 million people) received both types of treatment.

Among the 12.7 million adults aged 18 or older in 2022 with co-occurring AMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 66), most received only mental health treatment (64.1 percent).²⁰ An estimated 7.2 percent of these adults aged 18 or older received only substance use treatment, and 28.7 percent received both types of treatment.²⁰

Among adults aged 18 or older in 2022 with co-occurring AMI and an SUD in the past year, young adults aged 18 to 25 were less likely than adults aged 50 or older to have received either substance use treatment or mental health treatment in the past year (Table A.49B). Specifically, 58.4 percent of young adults aged 18 to 25 with co-occurring AMI and an SUD in the past year (or

3.1 million people) received either substance use treatment or mental health treatment in the past year compared with 65.9 percent of adults aged 50 or older with co-occurring AMI and an SUD in the past year (or 3.0 million people). Adults aged 26 to 49 with co-occurring AMI and an SUD in the past year (56.7 percent or 6.6 million people) also were less likely than adults aged 50 or older with co-occurring AMI and an SUD in the past year to have received either type of treatment in the past year.

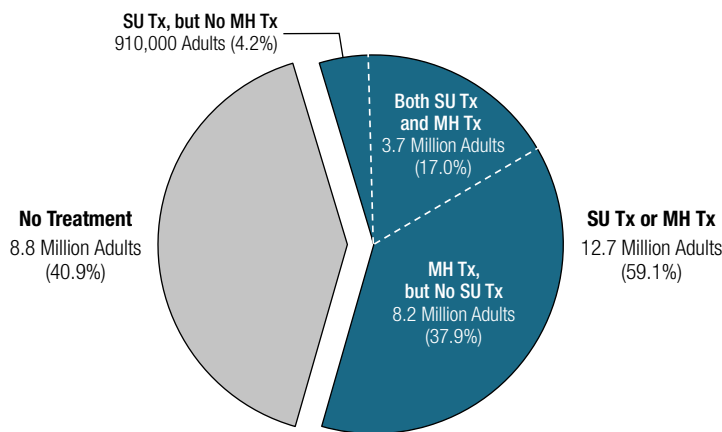
Receipt of Treatment among Adults with Co-Occurring SMI and an SUD

Among the 7.4 million adults aged 18 or older in 2022 with co-occurring SMI and an SUD in the past year (Figure 45), 71.2 percent (or 5.3 million people) received either substance use treatment or mental health treatment in the past year, and 28.8 percent (or 2.1 million people) received neither type of treatment (Figure 67 and Table A.49B). Stated another way, about 3 in 10 adults aged 18 or older with co-occurring SMI and an SUD in the past year did not receive treatment for either condition. An estimated 44.9 percent of adults aged 18 or older with co-occurring SMI and an SUD in the past year (or 3.3 million people) received only mental health treatment, 2.3 percent (or 173,000 people) received only substance use treatment, and 23.9 percent (or 1.8 million people) received both types of treatment.

Among the 5.3 million adults aged 18 or older with co-occurring SMI and an SUD who received either substance use treatment or mental health treatment in the past year (Figure 67), most received only mental health treatment (63.1 percent).²⁰ An estimated 3.3 percent of these adults aged 18 or older received only substance use treatment, and 33.6 percent received both types of treatment.²⁰

Among adults aged 18 or older in 2022 with co-occurring SMI and an SUD in the past year, young adults aged 18 to 25 were less likely than adults aged 50 or older to have received either substance use treatment or mental health treatment in the past year (Table A.49B). Specifically, 67.0 percent of young adults aged 18 to 25 with co-occurring SMI and an SUD in the past year (or 1.4 million people) received either substance use treatment or mental health treatment in the past year compared with 84.5 percent of adults aged 50 or older with co-occurring SMI and an SUD in the past year (or 1.3 million people).

Figure 66. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2022



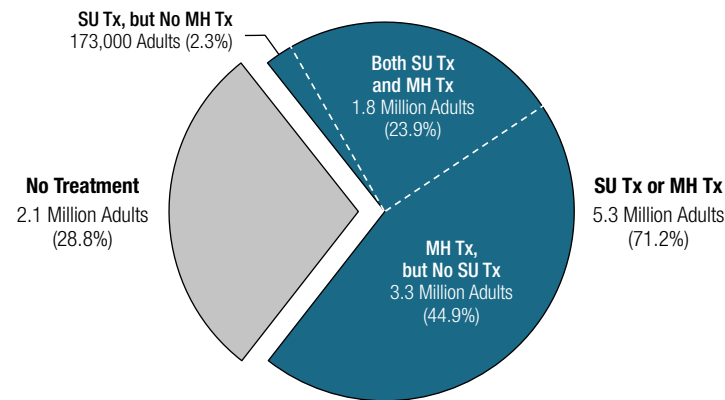
21.5 Million Adults with a Substance Use Disorder and Any Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/ counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Figure 67. Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2022



7.4 Million Adults with a Substance Use Disorder and Serious Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: The percentages may not add to 100 percent due to rounding.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Adults aged 26 to 49 with co-occurring SMI and an SUD in the past year (68.2 percent or 2.6 million people) also were less likely than adults aged 50 or older with co-occurring SMI and an SUD in the past year to have received either type of treatment in the past year.

Perceived Recovery

Respondents aged 18 or older were asked whether they thought they ever had a problem with their use of drugs or alcohol or whether they ever had a problem with their mental health. Respondents who reported that they ever had a problem with their drug or alcohol use were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their drug or alcohol use problem. Similarly, respondents aged 18 or older who reported that they had a problem with their mental health were asked whether they considered themselves (at the time they were interviewed) to be in recovery or to have recovered from their mental health issue.

Among adults aged 18 or older in 2022, 11.8 percent (or 30.1 million people) perceived that they ever had a problem with their use of drugs or alcohol ([Table A.50B](#)). Young adults aged 18 to 25 were less likely than adults aged 26 or

older to perceive that they ever had a problem with their use of drugs or alcohol (8.7 vs. 12.3 percent). These percentages correspond to 3.0 million young adults aged 18 to 25 and 27.1 million adults aged 26 or older who perceived that they ever had a problem with their use of drugs or alcohol. These findings contrast with the findings noted in prior sections of this report that young adults aged 18 to 25 in 2022 tended to be more likely than adults aged 26 or older to have been binge alcohol users in the past month, to have used illicit drugs in the past year, or to have had an SUD in the past year.

Among the 30.1 million adults in 2022 who perceived that they ever had a substance use problem, 71.0 percent (or 21.3 million people) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem ([Table A.51B](#)). Adults aged 26 or older who perceived that they ever had a substance use problem were more likely than corresponding young adults aged 18 to 25 to consider themselves to be in recovery or to have recovered from their substance use problem. About three fourths of adults aged 26 or older who perceived that they ever had a substance use problem considered themselves to be in recovery or to have recovered (72.0 percent or 19.4 million people) compared with about 3 in 5 young adults aged 18 to 25 who perceived that they ever had a substance use problem (61.6 percent or 1.8 million people).

In 2022, 24.5 percent of adults aged 18 or older (or 62.3 million people) perceived that they ever had a problem with their mental health ([Table A.50B](#)). Young adults aged 18 to 25 were more likely than adults aged 26 or older to perceive that they ever had a problem with their mental health (41.4 percent of young adults aged 18 to 25 or 14.3 million people vs. 21.8 percent of adults aged 26 or older or 48.0 million people).

Among the 62.3 million adults in 2022 who perceived that they ever had a problem with their mental health, 65.8 percent (or 40.8 million people) considered themselves to be in recovery or to have recovered from their mental health issue ([Table A.51B](#)). Young adults aged 18 to 25 who perceived that they ever had a problem with their mental health were less likely than corresponding adults aged 26 or older to consider themselves to be in recovery or to have recovered from their mental health issue (63.0 percent of young adults aged 18 to 25 or 8.9 million people vs. 66.6 percent of adults aged 26 or older or 31.9 million people).

By Race/Ethnicity

The percentage of adults aged 18 or older in 2022 who perceived that they ever had a problem with their use of drugs or alcohol was higher among American Indian or Alaska Native (17.6 percent), Multiracial (14.7 percent), or White adults (14.1 percent) than among adults in most other racial or ethnic groups (Table B.31B). Asian (3.7 percent) or Black adults (7.2 percent) were less likely to perceive that they ever had a problem with their use of drugs or alcohol compared with adults in most other racial or ethnic groups. However, among adults aged 18 or older who perceived that they ever had a substance use problem, there were no differences among White (71.9 percent), Hispanic (69.6 percent), or Black adults (68.7 percent) who considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (Table B.32B). Percentages of adults who perceived that they ever had a problem with their substance use and considered themselves to be in recovery from their substance use problem could not be calculated with sufficient precision for American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Multiracial adults.¹³

The percentage of adults aged 18 or older in 2022 who perceived that they ever had a problem with their mental health was higher among Multiracial (33.9 percent) or White adults (28.4 percent) than among American Indian or Alaska Native (19.6 percent), Hispanic (18.6 percent), Black (16.0 percent), or Asian adults (15.8 percent) (Table B.31B). However, among adults aged 18 or older who perceived that they ever had a problem with their mental health, there were no statistically significant differences in the percentages of Asian, Black, Hispanic, White, or Multiracial adults who considered themselves to be in recovery or to have recovered from their mental health issue. Percentages of adults in these racial or ethnic groups who ever had a problem with their mental health but considered themselves to be in recovery or to have recovered from their mental health issue ranged from 62.4 percent of Multiracial adults to 67.6 percent of Asian adults (Table B.32B). Percentages of adults who perceived that they ever had a problem with their mental health and considered themselves to be in recovery from their mental health issue could not be calculated with sufficient precision for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander adults.¹³

Endnotes

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- [4] Murray, C. J. L., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine*, 369, 448-457. <https://doi.org/10.1056/nejmra1201534>
- [5] Chapter 6 of CBHSQ (2022) discusses these methodological investigations for the 2021 NSDUH in greater detail. See the following reference: Center for Behavioral Health Statistics and Quality. (2022). *2021 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>
- [6] To further facilitate comparison of estimates between 2021 and 2022, revised analysis weights were produced for 2021 that incorporated additional adjustments for the proportions of interviews in 2021 that were completed via the web or in person. Estimates for 2021 in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* were based on these updated weights and may differ from previously published estimates in 2021 national reports and tables. Sections 2.3.4.3 and 3.3.3 in CBHSQ (2023) provide more information on the updated weights and revised estimates for 2021 to account for data collection mode. See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [7] This report occasionally presents estimated numbers of people with a specific characteristic (e.g., estimated numbers of substance users). Some of these estimated numbers are not included in figures or tables in this report but may be found in the 2022 Detailed Tables.
- [8] Details about the sample design, weighting, and interviewing results for the 2022 NSDUH are provided in Sections 2.1, 2.3.4, and 3.3.1 of CBHSQ (2023). In particular, Tables 2.1 and 2.2 in CBHSQ (2023) provide sample design information on the targeted numbers of completed interviews by state and by age group, respectively. See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [9] Details about the multimode data collection procedures for the 2022 NSDUH are provided in Section 2.2.1 of CBHSQ (2023). See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>

- [10] Ages reported in household screenings were used in the response rate calculations. Numbers of adolescent respondents aged 12 to 17 and adult respondents aged 18 or older changed slightly based on final ages from the interview data (14,761 adolescents and 56,608 adults).
- [11] Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.
- [12] Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [13] For a discussion of the criteria for suppressing (i.e., not publishing) unreliable estimates, see Section 3.2.2 in the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [14] Estimates presented in this report have been weighted to reflect characteristics of the civilian, noninstitutionalized population aged 12 or older in the United States. The calculation of NSDUH weights for analysis includes a step that yields weights consistent with population totals obtained from the U.S. Census Bureau based on the most recently available decennial census.
- [15] Please refer to the 2022 Detailed Tables (available at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>) for population estimates cited in this report that do not appear in the report figures or the appendix tables.
- [16] Office of Management and Budget. (1997, October 30). Revisions to the standards for the classification of federal data on race and ethnicity. *Federal Register*, 62(210), 58782-58790. <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>
- [17] See Section 3.2.3 in the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [18] For more information on the change to the nicotine vaping questions for 2022, see Section 3.4.11 in the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [19] See the following reference: Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 14-4863, NSDUH Series H-48). <https://www.samhsa.gov/data/report/results-2013-national-survey-drug-use-and-health-summary-national-findings>
- [20] These estimates (or selected estimates being cited) were calculated from special analyses but are not included in the appendix tables or in the 2022 Detailed Tables.
- [21] U.S. Food and Drug Administration. (2021). *Rules, regulations and guidance*. <https://www.fda.gov/tobacco-products/products-guidance-regulations/rules-regulations-and-guidance>
- [22] In the 2022 NSDUH, a “drink” was defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when respondents had only a sip or two from a drink were not considered to be alcohol consumption.
- [23] The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 grams per deciliter (g/dL). This typically occurs after four drinks for women and five drinks for men in about 2 hours. See the following two references:

National Institute on Alcohol Abuse and Alcoholism. (2004, Winter). NIAAA council approves definition of binge drinking. *NIAAA Newsletter*, 3, 3. [https://www.niaaa.nih.gov/sites/default/files/newsletters/Newsletter Number3.pdf](https://www.niaaa.nih.gov/sites/default/files/newsletters/Newsletter%20Number3.pdf)

National Institute on Alcohol Abuse and Alcoholism. (2019). *Drinking levels defined*. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
- [24] Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Possession/consumption/internal possession of alcohol*. <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/possessionconsumptioninternal-possession-of-alcohol/42>
- [25] Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Highlight on underage drinking*. <https://alcoholpolicy.niaaa.nih.gov/underage-drinking>
- [26] Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Detailed tables*. <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>
- [27] The 2022 NSDUH questionnaire included separate sections for prescription tranquilizer misuse and prescription sedative misuse. Data from these sections were combined to produce aggregate estimates for the misuse of any prescription tranquilizer or sedative.
- [28] The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past month.
- [29] LSD = lysergic acid diethylamide; PCP = phencyclidine; MDMA = methylenedioxy-methamphetamine; DMT = dimethyltryptamine; AMT = alpha-methyltryptamine; Foxy = N, N-diisopropyl-5-methoxytryptamine (5-MeO-DIPT). Definitions for these hallucinogens also are included in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [30] Desoxyn® was not mentioned in 2022 as some other stimulant. Desoxyn® is grouped with the other amphetamines because it is chemically similar to other prescription amphetamines (e.g., Adderall®).

31. For example, the product label for Xanax®, which is prescribed as a tranquilizer, indicates the drug has an average half-life of 11.2 hours (i.e., the length of time for half of the dosage of the drug to be metabolized), with a range of 6.3 to 26.9 hours in healthy adults. In comparison, the product label for Halcion®, a benzodiazepine prescribed as a sedative, has a short half-life in the range of 1.5 to 5.5 hours. Product label information for Xanax® is available on FDA's Center for Drug Evaluation and Research website at https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/018276s055lbl.pdf. Product label information for Halcion® is available on FDA's Center for Drug Evaluation and Research website at https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/017892s056lbl.pdf.
32. Examples of forms of fentanyl presented to NSDUH respondents are available by prescription. NSDUH respondents were not asked specifically about the use of fentanyl illicitly manufactured in clandestine laboratories.
33. Drug Enforcement Administration. (2019, October). *Hydrocodone*. https://www.deadiversion.usdoj.gov/drug_chem_info/hydrocodone.pdf
34. Centers for Disease Control and Prevention. (2022, December). *Get informed. Prescription opioids: The basics*. <https://www.cdc.gov/rxawareness/information/index.html>
35. National Institute on Drug Abuse. (2021, April). *Cocaine DrugFacts*. <https://nida.nih.gov/publications/drugfacts/cocaine>
36. National Institute on Drug Abuse. (2019, May). *Methamphetamine DrugFacts*. <https://nida.nih.gov/publications/drugfacts/methamphetamine>
37. National Institute on Drug Abuse. (2018, June). *Prescription stimulants DrugFacts*. <https://nida.nih.gov/publications/drugfacts/prescription-stimulants>
38. Centers for Disease Control and Prevention. (2022). *Opioids: Understanding the opioid overdose epidemic*. <https://www.cdc.gov/opioids/basics/epidemic.html>
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43. Stevens, C., Li, T., Ton, E., Zou, J., Douglas, E., & Jones, P. (2021). Longitudinal opioid surveillance project involving toxicologic analysis of postmortem specimens from 9 counties in Michigan suggests the discovery of new high-intensity drug trafficking areas. *American Journal of Forensic Medicine and Pathology*, 42(3), 216-224. <https://doi.org/10.1097/PAF.0000000000000675>
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46. Drug Enforcement Administration. (2022). *Drugs of abuse, a DEA resource guide: 2022 edition*. https://www.dea.gov/sites/default/files/2022-12/2022_DOA_eBook_File_Final.pdf
47. Schedule I controlled substances have no currently accepted medical use and have a high potential for abuse. See the following reference: Drug Enforcement Administration. (2022). *Drugs of abuse, a DEA resource guide: 2022 edition*. https://www.dea.gov/sites/default/files/2022-12/2022_DOA_eBook_File_Final.pdf
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49. U.S. National Library of Medicine. (2022). *Phenylephrine*. <https://medlineplus.gov/druginfo/meds/a606008.html>
50. National Institute on Drug Abuse. (n.d.). *Kratom*. <https://nida.nih.gov/drug-topics/kratom>
51. Although kratom is not scheduled nationally as a controlled substance, the Drug Enforcement Administration includes kratom as a drug of concern because it poses risks to people who use it. However, some states may prohibit the possession and use of kratom. See the following reference: Drug Enforcement Administration. (2022). *Drugs of abuse, a DEA resource guide: 2022 edition*. https://www.dea.gov/sites/default/files/2022-12/2022_DOA_eBook_File_Final.pdf
52. National Institute on Drug Abuse. (2020, June). *Synthetic cannabinoids (K2/Spice) DrugFacts*. <https://nida.nih.gov/publications/drugfacts/synthetic-cannabinoids-k2spice>
53. National Institute on Drug Abuse. (2020, July). *Synthetic cathinones (“bath salts”) DrugFacts*. <https://nida.nih.gov/publications/drugfacts/synthetic-cathinones-bath-salts>
54. To measure initiation for most substances, NSDUH respondents who reported they ever used a particular substance were asked to report their age when they first used it. To measure initiation of prescription drug misuse (i.e., misuse of prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives), NSDUH respondents who reported they misused a particular prescription drug in the past 12 months were asked to report their age when they first misused it. Respondents who reported first use (or misuse in the case of prescription drugs) of a substance within a year of their current age also were asked to report the year and month when they first used (or misused) it.

55. Estimates relating to the periods prior to the 12-month reference period have not been considered here because of concerns about their validity resulting from recall bias. See the following reference: Gfroerer, J., Hughes, A., Chromy, J., Heller, D., & Packer, L. (2004, July). Estimating trends in substance use based on reports of prior use in a cross-sectional survey. In S. B. Cohen & J. M. Lepkowski (Eds.), *Eighth Conference on Health Survey Research Methods: Conference proceedings [Peachtree City, GA]* (HHS Publication No. PHS 04-1013, pp. 29-34). U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics.
56. For substances other than prescription psychotherapeutic drugs, respondents who had ever used the substance (e.g., marijuana) were asked to report when they first used the substance, and respondents who reported first use within a year of their current age were asked to report the year and month when they first used it. Thus, past year initiates of the use of substances other than prescription psychotherapeutic drugs reported their first use within 12 months of the interview date.
57. Assessing whether respondents in the 2022 NSDUH had initiated misuse of a prescription psychotherapeutic drug in the past 12 months differed from assessing whether respondents had initiated the use of other substances in that period because the psychotherapeutic drug categories (e.g., prescription pain relievers) include many different types of prescription drugs in a given category (e.g., pain relievers containing hydrocodone, such as Vicodin®, Lortab®, Norco®, or generic hydrocodone). Respondents in 2022 were asked questions about initiation of misuse only for the specific prescription drugs they misused in the past 12 months, including their age when they first misused a drug and (if the first misuse occurred within a year of the current age) the year and month of first misuse for that drug. Respondents who reported they initiated misuse in the past 12 months for all of the specific prescription drugs in a given category they misused in that period were asked a follow-up question to establish whether they had ever misused prescription drugs in that category more than 12 months before being interviewed. Respondents who answered this follow-up question as “no” were classified as being past year initiates of the misuse of any prescription drug in the overall category. This answer meant respondents had never misused any prescription drug in that category more than 12 months prior to the interview date.
58. Field testing in 2012 and 2013 for the prescription drug questions in the 2022 NSDUH questionnaire indicated a higher prevalence of the past year misuse of prescription drugs but a lower prevalence of lifetime misuse compared with the main survey questionnaire at the time. The conclusion was that the emphasis on the past year misuse of prescription drugs can result in underreporting of lifetime misuse of prescription drugs. For more information, see the following references:

Center for Behavioral Health Statistics and Quality. (2014). *National Survey on Drug Use and Health: 2012 Questionnaire Field Test final report*. <https://www.samhsa.gov/data/report/nsduh-2012-questionnaire-field-test-report>

Center for Behavioral Health Statistics and Quality. (2014). *National Survey on Drug Use and Health: 2013 Dress Rehearsal final report*. <https://www.samhsa.gov/data/report/nsduh-2013-dress-rehearsal-final-report>
59. More information about the methods for measuring and estimating the initiation of substance use and prescription drug misuse in NSDUH can be found in Section 3.4.2 of the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
60. Past year initiates of crack use are counted as past year initiates of cocaine use only if they initiated any use of cocaine in the past year. Likewise, past year initiates of LSD, PCP, or Ecstasy use are counted as past year initiates of hallucinogen use only if respondents had previously not used other hallucinogens.
61. Survey questions for the perceived risk from using different substances vary in terms of the frequency (e.g., use once or twice a week, use nearly every day or daily) and quantity of use (e.g., having five or more drinks of alcohol, any use of marijuana, cocaine, or heroin), making comparisons difficult for perceptions of risk from using different substances.
62. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
63. For more information about the DSM-5 criteria for SUDs, see Section 3.4.3 and the substance-specific SUD definitions in Appendix A of the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
64. For alcohol, for example, withdrawal symptoms include (but are not limited to) trouble sleeping, hands trembling, hallucinations (seeing, feeling, or hearing things that were not really there), or feeling anxious.
65. For alcohol use disorder, for example, this criterion involves the use of alcohol, sedatives, or tranquilizers to get over or avoid alcohol withdrawal symptoms.
66. Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A., Compton, W. M., Crowley, T., Ling, W., Petry, N. M., Schuckit, M., & Grant, B. F. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry*, 170(8), 834-851. <https://doi.org/10.1176/appi.ajp.2013.12060782>
67. NSDUH respondents in 2022 were asked the respective questions for alcohol use disorder or marijuana use disorder if they reported use of these substances on 6 or more days in the past year. Respondents were asked the respective SUD questions for cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs if they reported any use in the past year.

- [68] Adolescents were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling very discouraged or hopeless about how things were going in their lives; or (c) losing interest and becoming bored with most things they usually enjoy. Adolescents who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adolescents were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adolescents who reported gaining weight without trying were asked if their weight gain occurred because they were growing; this question was not asked of adult respondents. Adolescent respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adolescents were classified as having a past year MDE.
- [69] Adults were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling discouraged about how things were going in their lives; or (c) losing interest in most things they usually enjoy. Adults who reported any of these problems were asked further questions about their experience with the nine symptoms of MDE in their lifetime. Adults were classified as having an MDE in their lifetime if they experienced at least five of the nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in activities that had been enjoyable. Adult respondents who had a lifetime MDE were asked if they had a period of 2 weeks or longer in the past 12 months when they felt depressed or lost interest or pleasure in previously enjoyable activities, and they reported having some of their other MDE symptoms. These adults were classified as having a past year MDE.
- [70] Details about the criteria for defining a NSDUH interview as usable are provided in Section 2.3.1 of CBHSQ (2023). See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
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- [91] Respondents were eligible to be asked the substance use treatment questions if they reported lifetime use of alcohol, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, or the lifetime misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives). Respondents who were lifetime users of tobacco products or other substances (e.g., kratom) but who did not report lifetime use or misuse of the substances mentioned in the previous sentence were not asked the substance use treatment questions.
- [92] For a more extensive description of the changes to the substance use treatment questions for 2022, see Sections 2.2.2 and 3.4.5 of CBHSQ (2023). See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [93] Inpatient treatment locations were places where people stayed overnight or longer to receive treatment for their alcohol or drug use. Locations included hospitals where people stayed as inpatients, residential drug or alcohol rehabilitation or treatment centers, residential mental health treatment centers, or some other place where people stayed overnight or longer to receive treatment.
- [94] Outpatient treatment locations were places where people received treatment for their alcohol or drug use without needing to stay overnight. Locations included outpatient drug or alcohol rehabilitation or treatment centers; outpatient mental health treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.
- [95] Before 2022, substance use treatment at a specialty facility referred to substance use treatment at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. For more information, see Section 3.4.4 of CBHSQ (2022). See the following reference: Center for Behavioral Health Statistics and Quality (2022). *2021 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>
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- [106] Respondents who did not report receiving substance use treatment in the past year were not asked if they received telehealth services as substance use treatment. Therefore, reasons for not receiving treatment in 2022 can include reasons for not receiving telehealth services.
- [107] For a more extensive description of the changes to the mental health treatment questions for 2022, see Sections 2.2.2 and 3.4.6 of CBHSQ (2023). See the following reference: Center for Behavioral Health Statistics and Quality. (2023). *2022 National Survey on Drug Use and Health: Methodological summary and definitions*. <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions>
- [108] Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment. Locations included hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.
- [109] Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight. Locations included outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.
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Appendix A: Special Tables of Estimates for Substance Use and Mental Health Indicators in the United States

**Table A.1B Tobacco Product Use or Nicotine Vaping, Alcohol Use, or Illicit Drug Use in the Past Month:
Among People Aged 12 or Older; by Age Group, 2022**

Substance	12 or Older	12 to 17	18 to 25	26 or Older	12 to 20
GENERAL SUBSTANCE USE					
Tobacco Product Use or Nicotine Vaping, Alcohol, or Illicit Drugs ^{1,2,3,4}	59.8 (0.41)	13.7 (0.46)	60.6 (0.70)	65.0 (0.48)	24.1 (0.51)
TOBACCO PRODUCT USE OR NICOTINE VAPING^{1,2}	22.7 (0.37)	7.3 (0.35)	30.0 (0.62)	23.3 (0.44)	13.4 (0.41)
Tobacco Products ¹	18.1 (0.35)	2.0 (0.18)	15.4 (0.48)	20.4 (0.43)	5.0 (0.28)
Cigarettes	14.6 (0.32)	1.2 (0.15)	10.7 (0.42)	16.7 (0.39)	3.1 (0.22)
Daily Cigarette Smoking ⁵	58.7 (1.01)	3.1 (1.30)	26.7 (1.75)	62.4 (1.10)	16.5 (2.67)
Smoked 1+ Packs of Cigarettes per Day ⁶	39.8 (1.33)	* (*)	17.5 (2.62)	40.8 (1.37)	* (*)
Smokeless Tobacco	2.2 (0.11)	0.2 (0.05)	2.4 (0.19)	2.4 (0.13)	0.8 (0.11)
Cigars	3.7 (0.14)	0.7 (0.10)	5.3 (0.31)	3.8 (0.16)	1.9 (0.17)
Pipe Tobacco	0.6 (0.06)	0.2 (0.07)	1.1 (0.13)	0.6 (0.08)	0.4 (0.08)
Nicotine Vaping ²	8.3 (0.18)	6.9 (0.33)	24.0 (0.56)	6.0 (0.20)	12.2 (0.39)
ALCOHOL	48.7 (0.42)	6.8 (0.32)	50.2 (0.76)	53.4 (0.51)	15.1 (0.45)
Binge Alcohol Use	21.7 (0.31)	3.2 (0.22)	29.5 (0.63)	22.6 (0.36)	8.2 (0.36)
Heavy Alcohol Use	5.7 (0.16)	0.2 (0.05)	7.6 (0.37)	6.0 (0.19)	1.7 (0.18)
ILLICIT DRUGS^{3,4}	16.5 (0.30)	7.3 (0.35)	27.2 (0.64)	15.9 (0.35)	12.8 (0.41)
Marijuana	15.0 (0.28)	6.4 (0.32)	25.9 (0.64)	14.3 (0.32)	11.8 (0.39)
Marijuana Vaping ⁷	5.2 (0.15)	3.5 (0.23)	12.5 (0.46)	4.3 (0.17)	6.3 (0.29)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

² Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

³ Illicit Drug Use includes the misuse of prescription psychotherapeutics (pain relievers, tranquilizers, stimulants, or sedatives) or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

⁴ These estimates do not include illegally made fentanyl.

⁵ Percentages for daily cigarette smoking are among past month cigarette smokers.

⁶ Percentages for smoking one or more packs of cigarettes per day are among daily cigarette smokers in the past month. Respondents with missing data for the number of cigarettes smoked per day were excluded from the analysis.

⁷ Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.2B Type of Nicotine Product Use in the Past Month: Among Past Month Nicotine Product Users Aged 12 or Older; by Age Group, 2022

Nicotine Product Use ¹	12 or Older	12 to 17	18 to 25	26 or Older
Only Nicotine Vaping ²	20.3 (0.56)	73.2 (2.06)	48.7 (1.17)	12.6 (0.57)
Nicotine Vaping and Tobacco Products ^{2,3}	16.5 (0.50)	20.7 (1.97)	31.1 (1.06)	13.4 (0.56)
Nicotine Vaping and Only Cigarettes ²	10.1 (0.42)	10.5 (1.67)	15.6 (0.84)	9.0 (0.47)
Nicotine Vaping, Cigarettes, and Noncigarette Tobacco Products ^{2,4}	3.6 (0.26)	3.1 (0.83)	7.2 (0.65)	2.9 (0.30)
Nicotine Vaping and Only Noncigarette Tobacco Products ^{2,4}	2.8 (0.20)	7.0 (1.14)	8.2 (0.67)	1.6 (0.19)
Only Tobacco Products ³	63.2 (0.71)	6.2 (1.03)	20.2 (0.88)	74.0 (0.77)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages for Only Nicotine Vaping, Nicotine Vaping and Tobacco Products, and Only Tobacco Products in an age group category may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Nicotine product use refers to using tobacco or nicotine vaping.

² Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

³ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

⁴ Noncigarette tobacco products include smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.3B Type of Tobacco Product Use in the Past Month: Among Past Month Tobacco Product Users Aged 12 or Older; by Age Group, 2022

Tobacco Product Use ¹	12 or Older	12 to 17	18 to 25	26 or Older
Only Cigarettes	67.2 (0.81)	48.6 (4.83)	50.2 (1.69)	69.4 (0.88)
Cigarettes and Noncigarette Tobacco Products ²	13.4 (0.61)	14.5 (3.33)	19.4 (1.35)	12.7 (0.66)
Only Noncigarette Tobacco Products ²	19.4 (0.64)	36.9 (4.46)	30.4 (1.52)	17.9 (0.70)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

² Noncigarette tobacco products include smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.4B Type of Marijuana Use in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Age Group, 2022

Marijuana Use	12 or Older	12 to 17	18 to 25	26 or Older
Marijuana Vaping ¹	34.7 (0.83)	54.9 (2.27)	48.1 (1.32)	29.9 (1.01)
Marijuana Use but Not Marijuana Vaping ¹	65.3 (0.83)	45.1 (2.27)	51.9 (1.32)	70.1 (1.01)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: The 2022 NSDUH collected data on the variety of methods that people used to consume marijuana in the past month. Estimates shown focus on whether marijuana vaping was a method of past month consumption among past month marijuana users.

¹ Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.5B Types of Illicit Drug Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2022

Drug	12 or Older	12 to 17	18 to 25	26 or Older
ILLCIT DRUGS¹	24.9 (0.35)	14.3 (0.45)	40.9 (0.71)	23.7 (0.41)
Marijuana	22.0 (0.33)	11.5 (0.42)	38.2 (0.71)	20.6 (0.39)
Cocaine	1.9 (0.10)	0.2 (0.05)	3.7 (0.26)	1.8 (0.11)
Crack	0.3 (0.04)	* (*)	0.1 (0.04)	0.4 (0.05)
Heroin	0.4 (0.04)	0.0 (0.01)	0.2 (0.04)	0.4 (0.05)
Hallucinogens	3.0 (0.12)	1.4 (0.14)	7.7 (0.36)	2.5 (0.13)
LSD	0.8 (0.06)	0.7 (0.09)	2.6 (0.20)	0.6 (0.06)
PCP	0.1 (0.03)	0.1 (0.03)	0.0 (0.01)	0.1 (0.03)
Ecstasy	0.7 (0.05)	0.2 (0.07)	1.8 (0.18)	0.6 (0.06)
Inhalants	0.8 (0.05)	2.2 (0.18)	1.9 (0.19)	0.5 (0.05)
Methamphetamine	1.0 (0.08)	0.1 (0.02)	0.5 (0.09)	1.1 (0.10)
Misuse of Prescription Psychotherapeutics	5.0 (0.15)	2.5 (0.19)	7.3 (0.35)	5.0 (0.17)
Pain Relievers	3.0 (0.12)	1.6 (0.14)	3.2 (0.22)	3.1 (0.14)
Stimulants	1.5 (0.07)	0.9 (0.12)	3.7 (0.26)	1.3 (0.08)
Tranquilizers or Sedatives	1.7 (0.09)	0.5 (0.08)	2.4 (0.19)	1.7 (0.11)
Tranquilizers	1.5 (0.08)	0.4 (0.07)	2.2 (0.18)	1.5 (0.10)
Sedatives	0.3 (0.04)	0.1 (0.04)	0.3 (0.06)	0.4 (0.05)
Benzodiazepines	1.3 (0.08)	0.4 (0.07)	2.1 (0.18)	1.3 (0.09)
Misuse of Opioids ¹	3.2 (0.12)	1.6 (0.14)	3.2 (0.23)	3.3 (0.15)
Misuse of Central Nervous System Stimulants	3.6 (0.13)	1.1 (0.13)	6.5 (0.35)	3.5 (0.16)

* Low precision; no estimate reported.

LSD = lysergic acid diethylamide; PCP = phencyclidine.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

¹ These estimates do not include illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.6B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Age Group, 2022

Mode of Marijuana Use	12 or Older	12 to 17	18 to 25	26 or Older
Smoking ¹	78.4 (0.69)	76.6 (1.86)	85.9 (0.76)	76.3 (0.89)
Vaping ²	36.7 (0.75)	59.7 (1.86)	50.0 (1.06)	31.3 (0.93)
Dabbing Waxes, Shatter, or Concentrates ¹	17.5 (0.52)	23.3 (1.72)	29.5 (0.99)	13.7 (0.63)
Eating or Drinking ¹	47.1 (0.79)	36.1 (2.00)	50.2 (1.10)	46.9 (1.00)
Applying Lotion, Cream, or Patches to Skin ¹	9.3 (0.45)	8.2 (1.24)	6.4 (0.53)	10.2 (0.59)
Putting Drops, Strips, Lozenges, or Sprays in Mouth or Under Tongue ¹	6.9 (0.43)	2.2 (0.58)	4.7 (0.47)	7.8 (0.56)
Taking Pills ¹	2.7 (0.22)	2.7 (0.65)	2.0 (0.34)	2.9 (0.28)
Some Other Way ^{1,3}	0.1 (0.05)	* (*)	0.1 (0.04)	0.1 (0.07)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

¹ Respondents with unknown modes of marijuana use information were excluded from the respective analyses.

² Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

³ Some Other Way includes write-in responses not already listed in this table.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.7B Misuse of Prescription Pain Reliever Subtypes in the Past Year: Among People Aged 12 or Older, Among Past Year Misusers of Prescription Pain Relievers Aged 12 or Older, and Among All Past Year Users of Prescription Pain Reliever Subtypes Aged 12 or Older; Percentages, 2022

Prescription Pain Reliever Subtype	Past Year Misuse among People Aged 12 or Older		Misuse in the Past Year among Past Year Misusers of Prescription Pain Relievers		Misuse in the Past Year among All Past Year Users of Prescription Pain Reliever Subtypes	
ANY PRESCRIPTION PAIN RELIEVER	3.0	(0.12)	100.0	(0.00)	11.5	(0.43)
Hydrocodone Products	1.3	(0.08)	45.1	(1.97)	10.2	(0.57)
Oxycodone Products	0.9	(0.06)	30.7	(1.80)	12.3	(0.80)
Tramadol Products	0.5	(0.05)	16.6	(1.51)	9.4	(0.92)
Codeine Products	0.7	(0.06)	22.2	(1.84)	9.3	(0.86)
Morphine Products	0.1	(0.02)	4.5	(0.66)	7.2	(1.06)
Fentanyl Products ¹	0.2	(0.03)	6.0	(0.98)	19.0	(2.92)
Buprenorphine Products	0.2	(0.03)	8.2	(1.01)	19.5	(2.23)
Oxymorphone Products	0.0	(0.01)	1.4	(0.38)	10.7	(3.02)
Demerol®	0.0	(0.01)	0.6	(0.26)	*	(*)
Hydromorphone Products	0.0	(0.01)	1.2	(0.33)	7.9	(2.28)
Methadone	0.1	(0.02)	2.5	(0.54)	14.8	(3.16)

* Low precision; no estimate reported.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Percentages for misuse in the past year among people aged 12 or older and among past year misusers of prescription pain relievers are not mutually exclusive because people could have misused prescription pain relievers in more than one subtype.

NOTE: Respondents with unknown prescription drug subtype information were excluded from the respective analyses.

¹ Estimates in this row do not include use of only illegally made fentanyl.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.8B Main Reason for the Last Episode of Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2022

Main Reason for Misuse	Past Year Misusers of Prescription Pain Relievers	
Relieve Physical Pain	67.3	(1.89)
Relax or Relieve Tension	6.7	(0.95)
Help with Sleep	5.5	(0.97)
Help with Feelings or Emotions	4.3	(0.96)
Experiment or See What It's Like	1.5	(0.33)
Feel Good or Get High	8.4	(0.90)
Increase or Decrease Effect of Other Drug	0.7	(0.21)
Because I Am Hooked or Have to Have It	4.0	(0.89)
Some Other Reason ¹	1.5	(0.34)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents with unknown information for their main reason for misuse were excluded from the analysis, including respondents who reported some other reason but had unknown data in their write-in responses.

¹ Responses to the Some Other Reason category for one drug type may fall into a response category that is asked only for another drug type (e.g., "to relieve physical pain" for prescription tranquilizer misuse).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.9B Source Where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2022

Source for Most Recent Misuse	Past Year Misusers of Prescription Pain Relievers	
GOT THROUGH PRESCRIPTION(S) OR STOLE FROM A HEALTHCARE PROVIDER	41.3	(2.03)
Prescription from One Doctor	38.6	(2.02)
Prescriptions from More Than One Doctor	2.2	(0.61)
Stole from Doctor's Office, Clinic, Hospital, or Pharmacy	0.4	(0.14)
GIVEN BY, BOUGHT FROM, OR TOOK FROM A FRIEND OR RELATIVE	44.6	(2.02)
From Friend or Relative for Free	32.3	(1.88)
Bought from Friend or Relative	9.0	(1.21)
Took from Friend or Relative without Asking	3.2	(0.56)
BOUGHT FROM DRUG DEALER OR OTHER STRANGER	8.5	(1.17)
SOME OTHER WAY¹	5.6	(1.20)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Estimates for specific sources may not add to the aggregate estimates for general sources shown in all capital letters due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents were asked to choose one of eight sources as their best answer. Respondents with unknown data on Source for Most Recent Misuse and respondents with unknown or invalid responses to the corresponding other-specify questions were excluded from the analysis.

¹ Some Other Way includes write-in responses not already listed in this table or responses with insufficient information that could allow them to be placed in another category.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.10AB Type of Opioid Misuse in the Past Year: Among Past Year Opioid Misusers Aged 12 or Older; 2022

Opioid Misuse	Number in Thousands¹		Percentage²	
Opioid Misuse	8,918	(348)	100.0	(0.00)
Prescription Pain Reliever Misuse	8,457	(336)	94.8	(0.96)
Heroin Use	1,049	(121)	11.8	(1.27)
Prescription Pain Reliever Misuse but Not Heroin Use	7,870	(326)	88.2	(1.27)
Heroin Use but Not Prescription Pain Reliever Misuse	461	(89)	5.2	(0.96)
Prescription Pain Reliever Misuse and Heroin Use	587	(81)	6.6	(0.88)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: These estimates do not include illegally made fentanyl.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.11AB Type of Central Nervous System (CNS) Stimulant Misuse in the Past Year: Among Past Year CNS Stimulant Misusers Aged 12 or Older; 2022

CNS Stimulant Misuse	Number in Thousands¹		Percentage²	
CNS Stimulant Misuse	10,188	(397)	100.0	(0.00)
Cocaine Use	5,274	(282)	51.8	(1.78)
Methamphetamine Use	2,705	(223)	26.6	(1.79)
Prescription Stimulant Misuse	4,298	(211)	42.2	(1.83)
USED OR MISUSED ONLY ONE TYPE OF CNS STIMULANT				
Cocaine Use (No Methamphetamine Use or Prescription Stimulant Misuse)	3,601	(241)	35.3	(1.74)
Methamphetamine Use (No Cocaine Use or Prescription Stimulant Misuse)	1,739	(188)	17.1	(1.63)
Prescription Stimulant Misuse (No Cocaine Use or Methamphetamine Use)	2,968	(185)	29.1	(1.64)
USED OR MISUSED TWO TYPES OF CNS STIMULANTS				
Cocaine Use and Methamphetamine Use (No Prescription Stimulant Misuse)	550	(101)	5.4	(0.96)
Cocaine Use and Prescription Stimulant Misuse (No Methamphetamine Use)	914	(83)	9.0	(0.82)
Methamphetamine Use and Prescription Stimulant Misuse (No Cocaine Use)	206	(45)	2.0	(0.44)
USED OR MISUSED ALL THREE TYPES OF CNS STIMULANTS (Cocaine Use, Methamphetamine Use, and Prescription Stimulant Misuse)				
	210	(48)	2.1	(0.47)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.12B Types of Other Substance Use in the Past Year: Among People Aged 12 or Older; by Age Group, 2022

Other Substance	12 or Older		12 to 17		18 to 25		26 or Older	
Misuse of Fentanyl ¹	0.4	(0.04)	0.1	(0.04)	0.2	(0.05)	0.4	(0.05)
Illegally Made Fentanyl	0.2	(0.03)	0.1	(0.03)	0.1	(0.04)	0.3	(0.04)
GHB	0.1	(0.03)	0.0	(0.01)	0.0	(0.00)	0.1	(0.04)
Misuse of Nonprescription Cough or Cold Medicine	0.8	(0.06)	0.6	(0.10)	0.9	(0.10)	0.8	(0.08)
Kratom	0.7	(0.06)	0.1	(0.03)	1.1	(0.14)	0.7	(0.07)
Synthetic Marijuana (Fake Weed, K2, Spice)	0.3	(0.03)	0.4	(0.07)	0.6	(0.10)	0.2	(0.04)
Synthetic Stimulants (“Bath Salts,” Flakka)	0.1	(0.02)	0.1	(0.05)	0.1	(0.05)	0.1	(0.02)

GHB = gamma hydroxybutyrate.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

¹ Misuse of fentanyl includes use of illegally made fentanyl or misuse of prescription fentanyl in the past year.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.13A Past Year Initiation of Specific Substance Use: Among People Aged 12 or Older; by Age Group, 2022

Substance	12 or Older		12 to 17		18 to 25		26 or Older	
ILLICIT DRUGS	nr		nr		nr		nr	
Marijuana	3,730	(186)	1,224	(72)	1,195	(82)	1,311	(153)
Cocaine	509	(70)	29	(12)	369	(51)	110	(40)
Crack	28	(12)	*	(*)	11	(7)	16	(9)
Heroin	73	(24)	*	(*)	28	(11)	45	(21)
Hallucinogens	1,411	(108)	220	(30)	703	(61)	487	(78)
LSD	509	(61)	127	(22)	219	(37)	164	(46)
PCP	14	(7)	8	(6)	4	(3)	*	(*)
Ecstasy	380	(50)	40	(15)	175	(29)	165	(39)
Inhalants	577	(66)	185	(27)	241	(39)	151	(45)
Methamphetamine	176	(63)	9	(5)	57	(23)	109	(59)
Misuse of Prescription Psychotherapeutics	nr		nr		nr		nr	
Pain Relievers	1,322	(120)	191	(27)	262	(42)	869	(110)
Stimulants	800	(81)	108	(22)	294	(41)	397	(66)
Tranquilizers or Sedatives	nr		nr		nr		nr	
Tranquilizers	747	(94)	51	(13)	174	(32)	522	(87)
Sedatives	144	(29)	16	(9)	38	(12)	89	(25)
TOBACCO PRODUCT USE OR NICOTINE VAPING	nr		nr		nr		nr	
Cigarettes	1,350	(94)	437	(47)	791	(67)	122	(44)
Daily Cigarette Smoking	274	(39)	27	(11)	171	(30)	76	(22)
Smokeless Tobacco	498	(57)	101	(21)	247	(37)	149	(38)
Cigars	1,564	(132)	237	(29)	824	(66)	503	(113)
Nicotine Vaping	5,991	(258)	1,458	(80)	1,451	(86)	3,082	(231)
ALCOHOL	4,221	(157)	1,798	(90)	2,247	(105)	175	(43)

* Low precision; no estimate reported.

LSD = lysergic acid diethylamide; nr = not reported due to measurement issues; PCP = phencyclidine.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.14AB First Use before or after Age 21 of Marijuana, Cigarettes, Nicotine Vaping, or Alcohol: Among People Aged 12 or Older Who Initiated Use of Specific Substances in the Past Year; 2022

Substance	Number of Past Year Initiates ¹		Percentage of Past Year Initiates ²	
Marijuana				
First Use before Age 21	1,975	(103)	53.0	(2.67)
First Use at Age 21 or Older	1,754	(164)	47.0	(2.67)
Cigarettes				
First Use before Age 21	965	(73)	71.4	(3.38)
First Use at Age 21 or Older	386	(59)	28.6	(3.38)
Nicotine Vaping				
First Use before Age 21	2,281	(120)	38.1	(1.90)
First Use at Age 21 or Older	3,710	(236)	61.9	(1.90)
Alcohol				
First Use before Age 21	3,110	(137)	73.7	(1.68)
First Use at Age 21 or Older	1,111	(88)	26.3	(1.68)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.15B Perceived Great Risk of Harm Associated with Selected Substance Use: Among People Aged 12 or Older; by Age Group, 2022

Substance/Perception of Great Risk ¹	12 or Older		12 to 17		18 to 25		26 or Older	
Cigarettes								
Smoke One or More Packs per Day	68.5	(0.38)	60.5	(0.69)	62.5	(0.60)	70.3	(0.46)
Marijuana								
Smoke Once a Month	20.3	(0.36)	19.5	(0.53)	10.4	(0.40)	21.9	(0.43)
Smoke Once or Twice a Week	25.0	(0.39)	31.4	(0.66)	13.6	(0.45)	26.1	(0.46)
Cocaine								
Use Once a Month	65.8	(0.37)	48.3	(0.68)	58.6	(0.68)	68.9	(0.44)
Use Once or Twice a Week	83.2	(0.30)	76.3	(0.59)	80.8	(0.52)	84.3	(0.35)
Heroin								
Try Once or Twice	81.7	(0.27)	54.7	(0.71)	77.5	(0.57)	85.4	(0.32)
Use Once or Twice a Week	91.9	(0.20)	76.0	(0.58)	91.4	(0.38)	93.8	(0.23)
Alcohol								
Have Four or Five Drinks Nearly Every Day	68.5	(0.37)	64.2	(0.67)	65.6	(0.64)	69.5	(0.45)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Respondents with unknown Perception of Great Risk data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.16B Substance Use Disorder for Specific Substances in the Past Year: Among People Aged 12 or Older; by Age Group, 2022

Disorder	12 or Older		12 to 17		18 to 25		26 or Older	
SUBSTANCE USE DISORDER	17.3	(0.27)	8.7	(0.39)	27.8	(0.66)	16.6	(0.32)
DRUGS	9.7	(0.22)	7.0	(0.35)	18.6	(0.54)	8.5	(0.27)
Marijuana	6.7	(0.17)	5.1	(0.29)	16.5	(0.52)	5.4	(0.19)
Cocaine	0.5	(0.05)	0.0	(0.01)	0.8	(0.11)	0.5	(0.06)
Heroin	0.3	(0.04)	0.0	(0.01)	0.1	(0.03)	0.4	(0.05)
Hallucinogens	0.2	(0.03)	0.3	(0.07)	0.7	(0.11)	0.1	(0.03)
Inhalants	0.1	(0.02)	0.3	(0.08)	0.3	(0.08)	0.1	(0.02)
Methamphetamine	0.6	(0.07)	0.0	(0.01)	0.2	(0.04)	0.8	(0.08)
Prescription								
Psychotherapeutics	2.9	(0.13)	2.1	(0.18)	2.7	(0.20)	3.0	(0.16)
Pain Relievers	2.0	(0.11)	1.0	(0.12)	1.2	(0.13)	2.2	(0.14)
Stimulants	0.6	(0.05)	1.0	(0.12)	1.4	(0.16)	0.5	(0.05)
Tranquilizers or Sedatives	0.8	(0.07)	0.5	(0.10)	0.8	(0.10)	0.9	(0.08)
Tranquilizers	0.6	(0.06)	0.3	(0.06)	0.7	(0.09)	0.7	(0.07)
Sedatives	0.3	(0.04)	0.2	(0.08)	0.2	(0.06)	0.3	(0.04)
Opioids ¹	2.2	(0.12)	1.0	(0.12)	1.2	(0.14)	2.5	(0.15)
Central Nervous System Stimulants	1.6	(0.09)	1.0	(0.12)	2.2	(0.20)	1.6	(0.11)
ALCOHOL	10.5	(0.22)	2.9	(0.22)	16.4	(0.52)	10.4	(0.27)
BOTH DRUGS AND ALCOHOL	2.9	(0.11)	1.3	(0.15)	7.2	(0.33)	2.4	(0.13)
DRUGS ONLY (NO ALCOHOL USE DISORDER)	6.8	(0.18)	5.7	(0.34)	11.4	(0.43)	6.2	(0.22)
ALCOHOL ONLY (NO DRUG USE DISORDER)	7.6	(0.20)	1.6	(0.16)	9.2	(0.41)	8.1	(0.25)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Opioid use disorder does not take into account data from respondents who reported the use of illegally made fentanyl (IMF) because the questions for IMF were asked in a later section of the questionnaire.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.17AB Type of Substance Use Disorder in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder; 2022

Type of Substance Use Disorder	Number in Thousands ¹		Percentage ²	
Substance Use Disorder	48,722	(1,011)	100.0	(0.00)
Drugs	27,230	(716)	55.9	(0.94)
Alcohol	29,542	(751)	60.6	(0.85)
Both Drugs and Alcohol	8,049	(339)	16.5	(0.60)
Drugs Only (No Alcohol Use Disorder)	19,180	(563)	39.4	(0.85)
Alcohol Only (No Drug Use Disorder)	21,492	(647)	44.1	(0.94)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.18B Substance Use Disorder Severity Level for Specific Substances in the Past Year: Among People Aged 12 or Older with a Specific Substance Use Disorder; 2022

Disorder	Any Substance Use Disorder	Mild Substance Use Disorder	Moderate Substance Use Disorder	Severe Substance Use Disorder
Substance Use Disorder	17.3 (0.27)	55.0 (0.83)	22.6 (0.68)	22.3 (0.69)
Drug Use Disorder	9.7 (0.22)	55.2 (1.15)	23.5 (0.85)	21.3 (0.87)
Marijuana	6.7 (0.17)	55.1 (1.25)	27.6 (1.06)	17.3 (0.80)
Cocaine	0.5 (0.05)	38.6 (4.93)	14.6 (3.36)	46.8 (5.30)
Heroin	0.3 (0.04)	* (*)	* (*)	* (*)
Hallucinogens	0.2 (0.03)	* (*)	* (*)	13.2 (3.93)
Inhalants	0.1 (0.02)	* (*)	* (*)	* (*)
Methamphetamine	0.6 (0.07)	29.8 (5.47)	21.5 (4.11)	48.8 (4.92)
Any Use of Prescription Pain Relievers	2.0 (0.11)	69.4 (2.61)	12.7 (1.72)	17.9 (2.17)
Use but Not Misuse of Prescription Pain Relievers	1.2 (0.09)	84.1 (3.04)	9.6 (2.16)	6.4 (2.17)
Misuse of Prescription Pain Relievers	0.8 (0.06)	45.6 (3.88)	17.7 (2.82)	36.7 (3.87)
Any Use of Prescription Stimulants	0.6 (0.05)	65.4 (3.42)	15.2 (2.50)	19.3 (2.85)
Use but Not Misuse of Prescription Stimulants	0.3 (0.03)	78.8 (3.69)	10.9 (2.12)	10.2 (3.20)
Misuse of Prescription Stimulants	0.3 (0.03)	52.5 (5.52)	19.4 (4.35)	28.1 (4.75)
Any Use of Prescription Tranquilizers	0.6 (0.06)	68.3 (4.01)	11.3 (2.36)	20.3 (3.49)
Use but Not Misuse of Prescription Tranquilizers	0.4 (0.05)	85.4 (3.81)	8.0 (3.07)	6.6 (2.32)
Misuse of Prescription Tranquilizers	0.3 (0.04)	* (*)	15.4 (3.70)	* (*)
Any Use of Prescription Sedatives	0.3 (0.04)	* (*)	22.0 (4.84)	* (*)
Use but Not Misuse of Prescription Sedatives	0.2 (0.03)	* (*)	* (*)	* (*)
Misuse of Prescription Sedatives	0.1 (0.02)	* (*)	* (*)	* (*)
Alcohol	10.5 (0.22)	59.1 (1.06)	20.2 (0.83)	20.7 (0.94)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding. Estimates for mild, moderate, and severe substance use disorder are row percentages among people who had any disorder for that substance.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

**Table A.19B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year:
Among Adolescents Aged 12 to 17; 2022**

MDE	12 to 17	
MDE	19.5	(0.54)
MDE with Severe Impairment ¹	14.6	(0.50)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown past year MDE data were excluded.

¹ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

**Table A.20B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year:
Among Adults Aged 18 or Older; by Age Group, 2022**

MDE	18 or Older		18 to 25		26 to 49		50 or Older	
MDE	8.8	(0.20)	20.1	(0.55)	9.7	(0.31)	4.6	(0.30)
MDE with Severe Impairment ¹	6.2	(0.17)	14.7	(0.51)	6.9	(0.26)	3.1	(0.26)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.21B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2022

Mental Illness	18 or Older		18 to 25		26 to 49		50 or Older	
Any Mental Illness	23.1	(0.34)	36.2	(0.66)	29.4	(0.51)	13.9	(0.50)
Serious Mental Illness	6.0	(0.17)	11.6	(0.44)	7.6	(0.28)	3.0	(0.25)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.22AB Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; 2022

SUD or MDE Status	Number in Thousands¹		Percentage²	
SUD or MDE	6,129	(143)	24.7	(0.58)
SUD but No MDE ³	1,218	(80)	4.9	(0.32)
MDE but No SUD ³	3,901	(120)	15.8	(0.49)
Co-Occurring SUD and MDE³	922	(63)	3.7	(0.25)
Co-Occurring SUD and MDE with Severe Impairment ⁴	750	(56)	3.0	(0.23)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).

NOTE: MDE estimates are based on criteria from DSM-5.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Respondents with unknown past year MDE data were excluded.

⁴ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.23B Substance Use in the Past Year or Past Month: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2022

Period/Substance	12 to 17 ¹		MDE		No MDE	
PAST YEAR USE						
Illicit Drugs ²	14.3	(0.45)	26.1	(1.34)	11.5	(0.47)
Marijuana	11.5	(0.42)	22.1	(1.24)	8.9	(0.44)
Cocaine	0.2	(0.05)	0.5	(0.25)	0.1	(0.03)
Heroin	0.0	(0.01)	*	(*)	*	(*)
Hallucinogens	1.4	(0.14)	3.0	(0.44)	1.0	(0.14)
Inhalants	2.2	(0.18)	3.5	(0.47)	1.9	(0.21)
Methamphetamine	0.1	(0.02)	0.2	(0.07)	0.0	(0.02)
Misuse of Prescription Psychotherapeutics	2.5	(0.19)	5.2	(0.62)	1.9	(0.18)
Pain Relievers	1.6	(0.14)	3.0	(0.44)	1.3	(0.15)
Stimulants	0.9	(0.12)	2.0	(0.41)	0.6	(0.12)
Tranquilizers or Sedatives	0.5	(0.08)	1.5	(0.32)	0.3	(0.07)
Misuse of Opioids ²	1.6	(0.14)	3.0	(0.44)	1.3	(0.15)
Misuse of Central Nervous System Stimulants	1.1	(0.13)	2.6	(0.48)	0.7	(0.12)
PAST MONTH USE						
Tobacco Product Use or Nicotine Vaping ^{3,4}	7.3	(0.35)	14.0	(1.06)	5.8	(0.35)
Tobacco Products ³	2.0	(0.18)	3.5	(0.52)	1.6	(0.19)
Cigarettes	1.2	(0.15)	2.7	(0.47)	0.9	(0.15)
Nicotine Vaping ⁴	6.9	(0.33)	13.5	(1.04)	5.3	(0.34)
Alcohol	6.8	(0.32)	11.6	(0.90)	5.7	(0.32)
Binge Alcohol Use	3.2	(0.22)	5.5	(0.64)	2.7	(0.23)
Heavy Alcohol Use	0.2	(0.05)	0.4	(0.11)	0.2	(0.05)
Marijuana	6.4	(0.32)	12.3	(0.89)	5.0	(0.34)
Marijuana Vaping ⁵	3.5	(0.23)	7.4	(0.71)	2.6	(0.23)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Estimates are for all adolescents aged 12 to 17, including those with unknown past year MDE data.

² These estimates do not include illegally made fentanyl.

³ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

⁴ Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

⁵ Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

**Table A.24A Substance Use Disorder (SUD) Status or Level of Mental Illness in the Past Year:
Among Adults Aged 18 or Older; by Age Group, 2022**

SUD Status/Level of Mental Illness	18 or Older	18 to 25	26 to 49	50 or Older
SUD or AMI	84,236 (1,001)	16,982 (236)	41,677 (550)	25,577 (735)
SUD but No AMI	24,950 (595)	4,399 (162)	11,517 (374)	9,034 (456)
AMI but No SUD	37,743 (703)	7,313 (196)	18,491 (417)	11,938 (492)
Co-Occurring SUD and AMI	21,543 (496)	5,270 (174)	11,669 (368)	4,605 (312)
SUD or SMI	54,444 (819)	11,622 (235)	27,168 (512)	15,655 (584)
SUD but No SMI	39,084 (719)	7,590 (204)	19,359 (446)	12,135 (519)
SMI but No SUD	7,951 (339)	1,953 (111)	3,982 (213)	2,016 (222)
Co-Occurring SUD and SMI	7,410 (297)	2,078 (107)	3,827 (196)	1,504 (187)

AMI = any mental illness; SMI = serious mental illness.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses. Numbers may not add to totals due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

**Table A.24B Substance Use Disorder (SUD) Status or Level of Mental Illness in the Past Year:
Among Adults Aged 18 or Older; by Age Group, 2022**

SUD Status/Level of Mental Illness	18 or Older	18 to 25	26 to 49	50 or Older
SUD or AMI	32.9 (0.39)	48.8 (0.68)	40.6 (0.54)	21.5 (0.62)
SUD but No AMI	9.7 (0.23)	12.6 (0.47)	11.2 (0.36)	7.6 (0.38)
AMI but No SUD	14.7 (0.27)	21.0 (0.56)	18.0 (0.41)	10.0 (0.41)
Co-Occurring SUD and AMI	8.4 (0.19)	15.1 (0.50)	11.4 (0.36)	3.9 (0.26)
SUD or SMI	21.2 (0.32)	33.4 (0.68)	26.5 (0.50)	13.2 (0.49)
SUD but No SMI	15.3 (0.28)	21.8 (0.59)	18.9 (0.44)	10.2 (0.44)
SMI but No SUD	3.1 (0.13)	5.6 (0.32)	3.9 (0.21)	1.7 (0.19)
Co-Occurring SUD and SMI	2.9 (0.12)	6.0 (0.31)	3.7 (0.19)	1.3 (0.16)

AMI = any mental illness; SMI = serious mental illness.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.25B Substance Use Disorder (SUD) and SUD Severity Level for Specific Substances in the Past Year: Among Adults Aged 18 or Older; by Level of Mental Illness in the Past Year, 2022

SUD and SUD Severity Level	18 or Older	No Mental Illness	Any Mental Illness	Serious Mental Illness
TOTAL	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
SUD	18.1 (0.30)	12.7 (0.30)	36.3 (0.67)	48.2 (1.47)
Severe SUD	4.1 (0.15)	1.8 (0.13)	11.5 (0.42)	18.3 (1.03)
Moderate SUD	4.1 (0.15)	2.7 (0.15)	8.8 (0.39)	11.5 (0.91)
Mild SUD	10.0 (0.22)	8.2 (0.24)	16.1 (0.51)	18.4 (1.17)
No SUD	81.9 (0.30)	87.3 (0.30)	63.7 (0.67)	51.8 (1.47)
Drug Use Disorder	9.9 (0.24)	5.5 (0.21)	24.5 (0.65)	36.4 (1.40)
Severe SUD	2.1 (0.10)	0.7 (0.06)	6.8 (0.35)	12.1 (0.86)
Moderate SUD	2.3 (0.11)	1.2 (0.09)	6.0 (0.32)	8.8 (0.81)
Mild SUD	5.5 (0.19)	3.6 (0.18)	11.7 (0.49)	15.4 (1.08)
No SUD	90.1 (0.24)	94.5 (0.21)	75.5 (0.65)	63.6 (1.40)
Marijuana Use Disorder	6.9 (0.18)	4.0 (0.17)	16.6 (0.51)	24.5 (1.16)
Severe SUD	1.1 (0.06)	0.4 (0.04)	3.6 (0.22)	6.0 (0.58)
Moderate SUD	1.9 (0.09)	1.0 (0.08)	4.9 (0.27)	7.0 (0.69)
Mild SUD	3.9 (0.14)	2.6 (0.14)	8.1 (0.39)	11.5 (0.89)
No SUD	93.1 (0.18)	96.0 (0.17)	83.4 (0.51)	75.5 (1.16)
Opioid Use Disorder	2.3 (0.13)	1.2 (0.11)	5.9 (0.39)	8.7 (0.89)
Severe SUD	0.5 (0.06)	0.2 (0.04)	1.8 (0.21)	2.9 (0.41)
Moderate SUD	0.3 (0.05)	0.1 (0.04)	0.9 (0.15)	1.4 (0.42)
Mild SUD	1.4 (0.10)	0.9 (0.09)	3.3 (0.29)	4.3 (0.69)
No SUD	97.7 (0.13)	98.8 (0.11)	94.1 (0.39)	91.3 (0.89)
Alcohol Use Disorder	11.2 (0.24)	8.4 (0.26)	20.5 (0.54)	24.9 (1.11)
Severe SUD	2.4 (0.12)	1.2 (0.12)	6.1 (0.33)	8.9 (0.71)
Moderate SUD	2.3 (0.11)	1.6 (0.11)	4.3 (0.28)	4.5 (0.50)
Mild SUD	6.6 (0.18)	5.6 (0.20)	10.1 (0.39)	11.5 (0.90)
No SUD	88.8 (0.24)	91.6 (0.26)	79.5 (0.54)	75.1 (1.11)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.26B Substance Use in the Past Year or Past Month: Among Adults Aged 18 or Older; by Level of Mental Illness in the Past Year, 2022

Period/Substance	18 or Older	Any Mental Illness	Serious Mental Illness	No Mental Illness
PAST YEAR USE				
Illicit Drugs ¹	26.0 (0.38)	43.9 (0.74)	52.9 (1.49)	20.6 (0.40)
Marijuana	23.0 (0.36)	38.8 (0.73)	47.1 (1.43)	18.2 (0.38)
Cocaine	2.0 (0.11)	4.4 (0.29)	6.0 (0.65)	1.3 (0.11)
Heroin	0.4 (0.05)	1.2 (0.14)	1.8 (0.34)	0.2 (0.04)
Hallucinogens	3.2 (0.13)	7.0 (0.34)	9.7 (0.80)	2.0 (0.12)
Inhalants	0.7 (0.05)	1.7 (0.17)	2.1 (0.32)	0.4 (0.05)
Methamphetamine	1.0 (0.09)	2.7 (0.26)	3.8 (0.56)	0.6 (0.08)
Misuse of Prescription Psychotherapeutics	5.3 (0.16)	11.5 (0.45)	15.3 (0.94)	3.4 (0.15)
Pain Relievers	3.1 (0.13)	6.6 (0.37)	8.5 (0.72)	2.1 (0.12)
Stimulants	1.6 (0.08)	3.9 (0.26)	5.0 (0.54)	0.9 (0.07)
Tranquilizers or Sedatives	1.8 (0.10)	4.7 (0.31)	7.3 (0.68)	1.0 (0.08)
Misuse of Opioids ¹	3.3 (0.13)	7.0 (0.38)	9.1 (0.75)	2.2 (0.12)
Misuse of Central Nervous System Stimulants	3.9 (0.15)	8.7 (0.41)	11.7 (0.85)	2.4 (0.14)
PAST MONTH USE				
Tobacco Product Use or Nicotine Vaping ^{2,3}	24.2 (0.40)	33.4 (0.72)	40.4 (1.37)	21.4 (0.44)
Tobacco Products ²	19.7 (0.38)	25.7 (0.67)	30.1 (1.32)	17.9 (0.42)
Cigarettes	15.9 (0.35)	21.9 (0.66)	26.0 (1.32)	14.1 (0.37)
Nicotine Vaping ³	8.5 (0.20)	15.2 (0.48)	20.2 (0.99)	6.5 (0.21)
Alcohol	52.9 (0.46)	56.1 (0.75)	57.0 (1.44)	52.0 (0.54)
Binge Alcohol Use	23.5 (0.33)	29.1 (0.62)	30.1 (1.24)	21.9 (0.39)
Heavy Alcohol Use	6.3 (0.18)	9.1 (0.43)	10.1 (0.82)	5.4 (0.19)
Marijuana	15.9 (0.31)	27.6 (0.66)	34.9 (1.33)	12.3 (0.31)
Marijuana Vaping ⁴	5.4 (0.17)	11.3 (0.44)	16.0 (0.94)	3.6 (0.16)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ These estimates do not include illegally made fentanyl.

² Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

³ Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

⁴ Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.27B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2022

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	5.2	(0.16)	1.5	(0.07)	0.6	(0.05)
AGE GROUP						
18 to 25	13.6	(0.46)	4.9	(0.27)	2.1	(0.17)
26 or Older	3.8	(0.17)	0.9	(0.07)	0.4	(0.05)
26 to 49	5.5	(0.25)	1.3	(0.10)	0.5	(0.06)
50 or Older	2.4	(0.23)	0.6	(0.09)	0.3	(0.08)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.28AB Overlap among Suicidal Thoughts and Behaviors in the Past Year: Among Adults Aged 18 or Older; 2022

Suicidal Thoughts/Behaviors in the Past Year	Number in Thousands ¹		Percentage ²	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE	13,561	(421)	5.3	(0.16)
Had Serious Thoughts of Suicide	13,200	(413)	5.2	(0.16)
Made Any Suicide Plans	3,753	(179)	1.5	(0.07)
Attempted Suicide	1,623	(133)	0.6	(0.05)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	9,361	(360)	3.7	(0.14)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	215	(45)	0.1	(0.02)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	127	(41)	0.0	(0.02)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	2,362	(135)	0.9	(0.05)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	320	(71)	0.1	(0.03)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	19	(10)	0.0	(0.00)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	1,157	(105)	0.5	(0.04)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.29B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; 2022

Suicidal Thoughts/Behavior	12 to 17	
HAD SERIOUS THOUGHTS OF SUICIDE IN THE PAST YEAR		
Yes	13.4	(0.44)
No	71.7	(0.61)
Not Sure/Don't Know	7.5	(0.36)
Don't Want to Answer/Refuse	7.5	(0.34)
MADE ANY SUICIDE PLANS IN THE PAST YEAR		
Yes	6.5	(0.34)
No	83.5	(0.48)
Not Sure/Don't Know	3.4	(0.25)
Don't Want to Answer/Refuse	6.6	(0.33)
ATTEMPTED SUICIDE IN THE PAST YEAR		
Yes	3.7	(0.28)
No	88.3	(0.43)
Not Sure/Don't Know	2.2	(0.20)
Don't Want to Answer/Refuse	5.9	(0.30)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents with unknown information on suicidal thoughts and behaviors other than the categories shown in this table were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.30AB Overlap among Suicidal Thoughts and Behaviors in the Past Year: Among Adolescents Aged 12 to 17; 2022

Suicidal Thoughts/Behaviors in the Past Year	Number in Thousands ¹		Percentage ²	
HAD SERIOUS THOUGHTS OF SUICIDE, MADE ANY SUICIDE PLANS, OR ATTEMPTED SUICIDE				
	3,596	(114)	14.0	(0.44)
Had Serious Thoughts of Suicide ³	3,427	(114)	13.3	(0.44)
Made Any Suicide Plans ³	1,666	(88)	6.5	(0.34)
Attempted Suicide ³	953	(71)	3.7	(0.28)
HAD ONE TYPE OF SUICIDAL THOUGHTS/BEHAVIOR				
Had Serious Thoughts of Suicide (Did Not Make Any Suicide Plans or Attempt Suicide)	1,759	(87)	6.8	(0.34)
Made Any Suicide Plans (Did Not Have Serious Thoughts of Suicide or Attempt Suicide)	112	(27)	0.4	(0.11)
Attempted Suicide (Did Not Have Serious Thoughts of Suicide or Make Any Suicide Plans)	27	(10)	0.1	(0.04)
HAD TWO TYPES OF SUICIDAL THOUGHTS/BEHAVIORS				
Had Serious Thoughts of Suicide and Made Any Suicide Plans (Did Not Attempt Suicide)	772	(62)	3.0	(0.24)
Had Serious Thoughts of Suicide and Attempted Suicide (Did Not Make Any Suicide Plans)	144	(31)	0.6	(0.12)
Made Any Suicide Plans and Attempted Suicide (Did Not Have Serious Thoughts of Suicide)	30	(9)	0.1	(0.03)
HAD ALL THREE TYPES OF SUICIDAL THOUGHTS/BEHAVIORS (Had Serious Thoughts of Suicide, Made Any Suicide Plans, and Attempted Suicide)	752	(61)	2.9	(0.24)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Percentages and standard errors in these rows may differ slightly from the estimates for “Yes” in [Table A.29B](#) because the denominator for this table includes all adolescents aged 12 to 17. [Table A.29B](#) excludes respondents with unknown information on suicidal thoughts and behaviors from the denominator.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.32AB Types and Locations of Substance Use Treatment or Other Services in the Past Year for Alcohol or Drug Use: Among People Aged 12 or Older; 2022

Type/Location of Treatment or Other Services ¹	Aged 12 or Older, Number ²		Percentage among People Aged 12 or Older ³	
RECEIVED SUBSTANCE USE TREATMENT⁴	13,106	(440)	4.6	(0.16)
Inpatient ^{4,5}	3,488	(237)	1.2	(0.08)
Outpatient ^{4,6}	9,910	(381)	3.5	(0.14)
Outpatient, Other Than General Medical Clinic or Doctor's Office ^{4,6}	8,267	(354)	2.9	(0.13)
Medication-Assisted Treatment for Alcohol Use ⁷	1,243	(153)	0.4	(0.05)
Among Those with an Alcohol Use Disorder ⁸	634	(111)	2.1	(0.37)
Medication-Assisted Treatment for Opioid Use ⁷	2,392	(186)	0.8	(0.07)
Among Those with an Opioid Use Disorder ⁸	1,121	(123)	18.3	(1.86)
Telehealth Treatment ⁹	3,575	(207)	1.3	(0.07)
Prison, Jail, or Juvenile Detention Center	721	(107)	0.3	(0.04)
RECEIVED OTHER SUBSTANCE USE TREATMENT SERVICES				
Support Group	5,770	(286)	2.0	(0.10)
Peer Support Specialist or Recovery Coach	2,003	(154)	0.7	(0.05)
Emergency Room/Department	1,996	(182)	0.7	(0.06)
Detoxification/Withdrawal Support Services	1,178	(130)	0.4	(0.05)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

¹ Respondents could indicate multiple types/locations for receiving substance use treatment; thus, these response categories are not mutually exclusive.

² Estimates shown are numbers in thousands with standard errors included in parentheses.

³ Estimates shown are percentages with standard errors included in parentheses.

⁴ Because of the proportion of respondents in the "substance unspecified" category for treatment, these estimates have added uncertainty. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

⁵ Inpatient treatment locations were places where people stayed overnight or longer to receive substance use treatment, including hospitals where people stayed as inpatients, residential drug or alcohol rehabilitation or treatment centers, residential mental health treatment centers, or some other place they stayed overnight or longer to receive treatment.

⁶ Outpatient treatment locations were places where people received substance use treatment without needing to stay overnight, including drug or alcohol rehabilitation or treatment centers; mental health treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁷ Questions for the receipt of medication-assisted treatment were asked only if respondents reported lifetime use of alcohol or opioids (i.e., heroin or any use of prescription pain relievers).

⁸ Alcohol use disorder estimates and opioid use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

⁹ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.33AB Received Substance Use Treatment through Telehealth in the Past Year: Among People Aged 12 or Older and Among People Aged 12 or Older with a Past Year Substance Use Disorder; by Age Group, 2022

Received Substance Use Treatment through Telehealth	Aged 12 or Older, Number ¹	Percentage among People Aged 12 or Older ²	Aged 12 to 17, Number ¹	Percentage among Adolescents Aged 12 to 17 ²	Aged 18 to 25, Number ¹	Percentage among Young Adults Aged 18 to 25 ²	Aged 26 or Older, Number ¹	Percentage among Adults Aged 26 or Older ²
Received Substance Use Treatment through Telehealth	3,575 (207)	1.3 (0.07)	230 (30)	0.9 (0.11)	413 (43)	1.2 (0.12)	2,932 (202)	1.3 (0.09)
Received Substance Use Treatment through Telehealth among People with a Substance Use Disorder ³	2,605 (177)	5.3 (0.36)	143 (19)	6.4 (0.82)	354 (41)	3.7 (0.42)	2,108 (171)	5.7 (0.46)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.34AB Perceptions of Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment; by Age Group, 2022

Perceived Unmet Need for Substance Use Treatment Status	Aged 12 to 17, Number ¹	Percentage among Adolescents Aged 12 to 17 ²	Aged 18 or Older, Number ¹	Percentage among Adults Aged 18 or Older ²
Past Year Substance Use Disorder and Did Not Receive Substance Use Treatment	1,775 (98)	100.0 (0.00)	39,694 (923)	100.0 (0.00)
Any Perceived Unmet Need ³	42 (13)	2.5 (0.74)	2,079 (187)	5.3 (0.46)
Sought Treatment ³	8 (6)	0.5 (0.35)	313 (84)	0.8 (0.21)
Did Not Seek Treatment but Thought Should Get Treatment ³	34 (11)	2.0 (0.66)	1,766 (153)	4.5 (0.38)
Did Not Perceive Need for Substance Use Treatment ³	1,665 (94)	97.5 (0.74)	36,805 (868)	94.7 (0.46)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses.

³ Respondents with unknown information for perceptions of need for substance use treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.35B Detailed Reasons for Not Receiving Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder and a Perceived Unmet Need for Substance Use Treatment in the Past Year; by Age Group, 2022

Reason for Not Receiving Substance Use Treatment ¹	Aged 12 to 17	Aged 18 or Older
Thought It Would Cost Too Much	* (*)	47.9 (3.82)
Did Not Have Health Insurance Coverage for Alcohol or Drug Use Treatment	* (*)	41.9 (4.05)
Health Insurance Would Not Pay Enough of Costs for Treatment	* (*)	37.7 (4.02)
Did Not Know How or Where to Get Treatment	* (*)	52.2 (4.08)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	* (*)	38.8 (4.62)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	* (*)	12.7 (2.83)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	* (*)	24.2 (3.15)
Did Not Have Enough Time for Treatment	* (*)	42.4 (4.33)
Worried That Information Would Not Be Kept Private	* (*)	35.3 (4.42)
Worried about What People Would Think or Say if They Got Treatment	* (*)	46.1 (4.34)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	* (*)	37.9 (4.38)
Not Ready to Start Treatment	* (*)	61.3 (3.70)
Not Ready to Stop or Cut Back Using Alcohol or Drugs	* (*)	52.9 (3.79)
Thought They Should Have Been Able to Handle Their Alcohol or Drug Use on Their Own	* (*)	78.2 (3.11)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	* (*)	16.9 (2.67)
Thought They Would Be Forced to Stay in Rehab or Treatment against Their Will	* (*)	25.0 (3.45)
Did Not Think Treatment Would Help Them	* (*)	27.6 (3.69)
Thought No One Would Care if They Got Better	* (*)	19.6 (2.71)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>*. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Respondents with a perceived unmet need did not receive substance use treatment in the past year.

NOTE: Respondents with unknown information for perceived unmet need for substance use treatment were excluded.

¹ Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.36B Types and Locations of Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 and Adolescents Aged 12 to 17 with a Major Depressive Episode (MDE) or an MDE with Severe Impairment in the Past Year; 2022

Type/Location of Treatment or Other Services	12 to 17		MDE ¹		MDE with Severe Impairment ^{1,2}	
MENTAL HEALTH TREATMENT³	29.8	(0.63)	56.8	(1.61)	62.3	(1.80)
Inpatient ⁴	3.0	(0.21)	7.7	(0.86)	9.3	(1.10)
Outpatient ⁵	23.0	(0.59)	48.1	(1.58)	53.6	(1.81)
Outpatient, Other Than General Medical Clinic or Doctor's Office ⁵	20.0	(0.53)	45.2	(1.57)	50.3	(1.85)
Prescription Medication	12.8	(0.43)	28.1	(1.43)	32.2	(1.66)
Telehealth Treatment ⁶	13.8	(0.48)	34.4	(1.50)	39.1	(1.80)
Prison, Jail, or Juvenile Detention Center	1.2	(0.14)	2.7	(0.51)	3.2	(0.65)
OTHER MENTAL HEALTH TREATMENT SERVICES						
Support Group	7.2	(0.35)	15.9	(1.14)	18.8	(1.44)
Peer Support Specialist or Recovery Coach	3.1	(0.23)	7.8	(0.89)	9.4	(1.10)
Emergency Room/Department	2.7	(0.20)	8.1	(0.85)	9.1	(1.04)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple treatment or other service types/locations; thus, these response categories are not mutually exclusive.

¹ MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown information for past year MDE or past year MDE with severe impairment were excluded.

² Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

³ Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

⁴ Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

⁵ Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁶ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.37AB Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; 2022

Perceived Unmet Need for Mental Health Treatment Status	Aged 12 to 17, Number ¹		Percentage among Adolescents Aged 12 to 17 ²	
Past Year MDE and Did Not Receive Mental Health Treatment	2,082	(105)	100.0	(0.00)
Any Perceived Unmet Need³	987	(70)	48.3	(2.43)
Sought Treatment ³	181	(34)	8.7	(1.54)
Did Not Seek Treatment but Thought Should Get Treatment ³	805	(58)	39.4	(2.21)
Did Not Perceive Need for Mental Health Treatment³	1,057	(73)	51.7	(2.43)

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown past year MDE data were excluded.

¹ Estimates shown are numbers in thousands with standard errors included in parentheses.

² Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

³ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.38B Detailed Reasons for Not Receiving Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) and a Perceived Unmet Need for Treatment in the Past Year; 2022

Reason for Not Receiving Mental Health Treatment ¹	MDE	
Thought It Would Cost Too Much	33.3	(3.22)
Did Not Have Health Insurance Coverage for Mental Health Treatment	13.3	(2.99)
Health Insurance Would Not Pay Enough of Costs for Treatment	8.8	(2.18)
Did Not Know How or Where to Get Treatment	55.5	(3.41)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	30.2	(3.69)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	11.7	(2.83)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	24.2	(3.37)
Did Not Have Enough Time for Treatment	34.8	(3.42)
Worried That Information Would Not Be Kept Private	57.8	(3.48)
Worried about What People Would Think or Say if They Got Treatment	59.8	(3.55)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	13.3	(2.63)
Not Ready to Start Treatment	44.5	(3.57)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	86.9	(2.31)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	48.2	(3.69)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	45.0	(3.42)
Thought They Would Be Told They Needed to Take Medication	39.4	(3.61)
Did Not Think Treatment Would Help Them	51.5	(3.33)
Thought No One Would Care if They Got Better	53.9	(3.54)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown past year MDE data were excluded.

NOTE: Respondents with a perceived unmet need did not receive mental health treatment. Respondents with unknown past year perceived unmet need data were excluded.

¹ Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.39B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2022

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT¹	21.8	(0.34)	26.7	(0.60)	24.5	(0.44)	18.0	(0.56)
Inpatient ²	1.3	(0.09)	2.1	(0.17)	1.3	(0.12)	1.1	(0.15)
Outpatient ³	13.7	(0.28)	17.8	(0.49)	16.0	(0.38)	10.5	(0.45)
Outpatient, Other Than General Medical Clinic or Doctor's Office ³	10.7	(0.23)	15.5	(0.47)	12.9	(0.34)	7.3	(0.36)
Prescription Medication	15.2	(0.27)	17.5	(0.54)	17.2	(0.37)	12.8	(0.45)
Telehealth Treatment ⁴	12.1	(0.26)	17.2	(0.50)	15.4	(0.39)	7.8	(0.39)
Prison, Jail, or Juvenile Detention Center	0.9	(0.07)	0.8	(0.11)	0.9	(0.10)	0.8	(0.11)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

¹ Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

² Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

³ Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁴ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.40B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Major Depressive Episode (MDE) in the Past Year; 2022

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT¹	61.5	(1.15)	56.7	(1.50)	62.2	(1.55)	66.4	(3.15)
Inpatient ²	5.1	(0.54)	5.0	(0.60)	5.0	(0.67)	5.5	(1.61)
Outpatient ³	46.1	(1.16)	42.7	(1.50)	47.9	(1.51)	47.2	(3.24)
Outpatient, Other Than General Medical Clinic or Doctor's Office ³	39.4	(1.11)	38.6	(1.47)	40.5	(1.45)	38.3	(3.13)
Prescription Medication	47.4	(1.19)	39.5	(1.47)	48.3	(1.58)	55.6	(3.43)
Telehealth Treatment ⁴	43.6	(1.15)	41.5	(1.50)	46.2	(1.53)	41.6	(3.20)
Prison, Jail, or Juvenile Detention Center	2.5	(0.37)	1.4	(0.34)	2.6	(0.50)	3.6	(1.12)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

² Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

³ Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁴ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.41B Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year; by Age Group, 2022

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT¹	50.6	(0.76)	49.1	(1.13)	50.0	(0.97)	52.7	(1.84)
Inpatient ²	3.6	(0.30)	4.1	(0.39)	3.3	(0.34)	4.0	(0.77)
Outpatient ³	35.4	(0.67)	35.0	(1.01)	36.2	(0.88)	34.3	(1.63)
Outpatient, Other Than General Medical Clinic or Doctor's Office ³	29.2	(0.63)	31.3	(0.98)	29.8	(0.82)	26.7	(1.51)
Prescription Medication	38.5	(0.72)	34.0	(1.08)	37.6	(0.93)	43.5	(1.75)
Telehealth Treatment ⁴	33.1	(0.67)	34.0	(1.05)	34.0	(0.87)	30.7	(1.65)
Prison, Jail, or Juvenile Detention Center	2.2	(0.22)	1.2	(0.22)	2.0	(0.23)	3.3	(0.64)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: AMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

² Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

³ Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁴ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.42B Types and Locations of Mental Health Treatment Received in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year; by Age Group, 2022

Type/Location of Treatment	18 or Older		18 to 25		26 to 49		50 or Older	
MENTAL HEALTH TREATMENT¹	66.7	(1.31)	61.4	(1.96)	67.4	(1.71)	71.0	(3.87)
Inpatient ²	7.3	(0.79)	7.5	(0.87)	6.3	(0.90)	9.4	(2.58)
Outpatient ³	51.0	(1.35)	45.4	(1.93)	52.5	(1.68)	54.2	(4.12)
Outpatient, Other Than General Medical Clinic or Doctor's Office ³	44.2	(1.33)	41.6	(1.90)	45.2	(1.70)	44.7	(4.16)
Prescription Medication	53.8	(1.37)	46.0	(1.89)	55.0	(1.86)	60.0	(4.14)
Telehealth Treatment ⁴	49.0	(1.36)	46.9	(2.08)	50.1	(1.77)	48.9	(4.15)
Prison, Jail, or Juvenile Detention Center	3.8	(0.55)	1.9	(0.51)	3.9	(0.68)	5.6	(1.76)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: SMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

² Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

³ Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

⁴ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.43B Types and Locations of Other Mental Health Treatment Services in the Past Year: Among Adults Aged 18 or Older, Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year, Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year, and Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE); 2022

Type/Location of Other Services	TOTAL		AMI		SMI		MDE ¹	
OTHER MENTAL HEALTH TREATMENT SERVICES								
Support Group	3.3	(0.13)	9.2	(0.43)	15.1	(0.99)	12.3	(0.78)
Peer Support Specialist or Recovery Coach	1.4	(0.10)	4.6	(0.36)	7.8	(0.82)	6.4	(0.61)
Emergency Room/Department	1.1	(0.08)	3.5	(0.28)	7.5	(0.74)	5.6	(0.55)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple types of other mental health treatment services; thus, these response categories are not mutually exclusive.

NOTE: Mental Illness aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.44A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year MDE and Did Not Receive Mental Health Treatment	8,655	(355)	3,028	(152)	3,774	(212)	1,853	(221)
Any Perceived Unmet Need¹	3,683	(207)	1,562	(102)	1,704	(145)	418	(85)
Sought Treatment ¹	559	(63)	280	(37)	210	(44)	69	(28)
Did Not Seek Treatment but Thought Should Get Treatment ¹	3,124	(190)	1,281	(95)	1,494	(134)	348	(80)
Did Not Perceive Need for Mental Health Treatment¹	4,821	(274)	1,451	(106)	1,970	(147)	1,399	(203)

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.44B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE) Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year MDE and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)
Any Perceived Unmet Need¹	43.3	(1.91)	51.8	(2.38)	46.4	(2.79)	23.0	(4.45)
Sought Treatment ¹	6.6	(0.72)	9.3	(1.16)	5.7	(1.15)	3.8	(1.56)
Did Not Seek Treatment but Thought Should Get Treatment ¹	36.7	(1.79)	42.5	(2.37)	40.6	(2.67)	19.2	(4.19)
Did Not Perceive Need for Mental Health Treatment¹	56.7	(1.91)	48.2	(2.38)	53.6	(2.79)	77.0	(4.45)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.45A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year AMI and Did Not Receive Mental Health Treatment	29,316	(742)	6,407	(229)	15,089	(495)	7,820	(436)
Any Perceived Unmet Need¹	7,585	(315)	2,672	(150)	4,170	(242)	743	(105)
Sought Treatment ¹	1,181	(100)	469	(50)	610	(81)	103	(33)
Did Not Seek Treatment but Thought Should Get Treatment ¹	6,398	(288)	2,203	(137)	3,556	(222)	640	(101)
Did Not Perceive Need for Mental Health Treatment¹	20,943	(629)	3,591	(157)	10,457	(403)	6,895	(422)

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: AMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.45B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year AMI and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)
Any Perceived Unmet Need¹	26.6	(0.95)	42.7	(1.67)	28.5	(1.36)	9.7	(1.36)
Sought Treatment ¹	4.1	(0.35)	7.5	(0.76)	4.2	(0.54)	1.3	(0.44)
Did Not Seek Treatment but Thought Should Get Treatment ¹	22.4	(0.87)	35.2	(1.65)	24.3	(1.29)	8.4	(1.30)
Did Not Perceive Need for Mental Health Treatment¹	73.4	(0.95)	57.3	(1.67)	71.5	(1.36)	90.3	(1.36)

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: AMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.46A Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year SMI and Did Not Receive Mental Health Treatment	5,119	(266)	1,557	(109)	2,542	(164)	*	(*)
Any Perceived Unmet Need¹	2,520	(173)	987	(85)	1,312	(129)	*	(*)
Sought Treatment ¹	408	(57)	180	(31)	184	(42)	*	(*)
Did Not Seek Treatment but Thought Should Get Treatment ¹	2,112	(159)	806	(78)	1,127	(120)	*	(*)
Did Not Perceive Need for Mental Health Treatment¹	2,549	(194)	548	(63)	1,203	(105)	*	(*)

* Low precision; no estimate reported.

NOTE: Estimates shown are numbers in thousands with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: SMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.46B Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year Who Did Not Receive Mental Health Treatment; by Age Group, 2022

Perceived Unmet Need for Mental Health Treatment Status	18 or Older		18 to 25		26 to 49		50 or Older	
Past Year SMI and Did Not Receive Mental Health Treatment	100.0	(0.00)	100.0	(0.00)	100.0	(0.00)	*	(*)
Any Perceived Unmet Need¹	49.7	(2.52)	64.3	(3.21)	52.2	(3.34)	*	(*)
Sought Treatment ¹	8.0	(1.11)	11.7	(1.94)	7.3	(1.60)	*	(*)
Did Not Seek Treatment but Thought Should Get Treatment ¹	41.7	(2.36)	52.5	(3.28)	44.8	(3.35)	*	(*)
Did Not Perceive Need for Mental Health Treatment¹	50.3	(2.52)	35.7	(3.21)	47.8	(3.34)	*	(*)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: SMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Respondents with unknown information for perceptions of need for mental health treatment were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.47B Detailed Reasons for Not Receiving Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year and a Perceived Unmet Need for Treatment in the Past Year; 2022

Reason for Not Receiving Mental Health Treatment ¹	AMI	
Thought It Would Cost Too Much	58.9	(1.90)
Did Not Have Health Insurance Coverage for Mental Health Treatment	35.7	(1.77)
Health Insurance Would Not Pay Enough of Costs for Treatment	40.8	(2.02)
Did Not Know How or Where to Get Treatment	51.1	(1.75)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	46.8	(2.01)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	20.1	(1.67)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	29.2	(1.84)
Did Not Have Enough Time for Treatment	48.9	(1.78)
Worried That Information Would Not Be Kept Private	25.5	(1.66)
Worried about What People Would Think or Say if They Got Treatment	29.3	(1.64)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	14.7	(1.27)
Not Ready to Start Treatment	51.6	(2.00)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	74.2	(1.64)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	15.9	(1.29)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	23.4	(1.56)
Thought They Would Be Told They Needed to Take Medication	37.4	(1.85)
Did Not Think Treatment Would Help Them	33.5	(1.75)
Thought No One Would Care if They Got Better	19.7	(1.45)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: AMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Respondents with unknown past year perceived unmet need data were excluded.

NOTE: Respondents with a perceived unmet need did not receive mental health treatment.

¹ Respondents could indicate multiple reasons for not receiving treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.48B Received Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE); 2022

Receipt of Treatment	Co-Occurring SUD and MDE	
No Substance Use Treatment or Mental Health Treatment	28.4	(3.17)
Substance Use Treatment or Mental Health Treatment	71.6	(3.17)
Substance Use Treatment BUT NOT Mental Health Treatment	1.5	(0.94)
Mental Health Treatment BUT NOT Substance Use Treatment	49.3	(3.50)
Both Substance Use Treatment AND Mental Health Treatment	20.8	(2.57)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown past year MDE data were excluded.

NOTE: Because of the proportion of respondents in the “substance unspecified” category for substance use treatment, the estimates in this table have added uncertainty. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.49B Received Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) or Serious Mental Illness (SMI) in the Past Year; by Age Group, 2022

Co-Occurring Substance Use Disorder, Level of Mental Illness, and Age Group	No Substance Use Treatment or Mental Health Treatment		Substance Use Treatment or Mental Health Treatment		Substance Use Treatment BUT NOT Mental Health Treatment		Mental Health Treatment BUT NOT Substance Use Treatment		Both Substance Use Treatment AND Mental Health Treatment	
Co-Occurring SUD and AMI										
18 or Older	40.9	(1.16)	59.1	(1.16)	4.2	(0.49)	37.9	(1.19)	17.0	(0.97)
18 to 25	41.6	(1.66)	58.4	(1.66)	2.9	(0.53)	42.0	(1.70)	13.5	(1.17)
26 to 49	43.3	(1.43)	56.7	(1.43)	4.9	(0.71)	35.5	(1.45)	16.3	(1.07)
50 or Older	34.1	(3.21)	65.9	(3.21)	4.1	(1.18)	39.1	(3.48)	22.7	(3.14)
Co-Occurring SUD and SMI										
18 or Older	28.8	(1.72)	71.2	(1.72)	2.3	(0.51)	44.9	(1.89)	23.9	(1.88)
18 to 25	33.0	(2.57)	67.0	(2.57)	1.1	(0.49)	51.3	(2.69)	14.6	(1.69)
26 to 49	31.8	(2.34)	68.2	(2.34)	2.5	(0.70)	41.2	(2.36)	24.4	(2.16)
50 or Older	15.5	(4.38)	84.5	(4.38)	3.6	(1.65)	*	(*)	*	(*)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of AMI because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

NOTE: Because of the proportion of respondents in the “substance unspecified” category for substance use treatment, the estimates in this table have added uncertainty. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.50B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Age Group, 2022

Characteristic	Ever Had a Substance Use Problem ¹		Ever Had a Mental Health Issue ²	
TOTAL	11.8	(0.25)	24.5	(0.35)
AGE GROUP				
18 to 25	8.7	(0.39)	41.4	(0.69)
26 or Older	12.3	(0.28)	21.8	(0.39)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

¹ Excluded were respondents with unknown information for ever having a problem with their drug or alcohol use.

² Excluded were respondents with unknown information for ever having a problem with their mental health.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table A.51B Perceived Recovery from a Substance Use Problem: Among Adults Aged 18 or Older Who Perceived Ever Having Had a Substance Use Problem and Perceived Recovery from a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having Had a Mental Health Issue; by Age Group, 2022

Characteristic	In Recovery from a Substance Use Problem ¹		In Recovery from a Mental Health Issue ²	
TOTAL	71.0	(0.99)	65.8	(0.63)
AGE GROUP				
18 to 25	61.6	(2.22)	63.0	(0.97)
26 or Older	72.0	(1.08)	66.6	(0.77)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

¹ Respondents were asked if they perceived themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Excluded were respondents with unknown information for ever having a substance use problem or for perceived recovery from their substance use problem.

² Respondents were asked if they perceived themselves to be in recovery or to have recovered from a mental health issue only if they reported ever having a mental health issue. Excluded were respondents with unknown information for ever having a mental health issue or for perceived recovery from their mental health issue.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

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Appendix B: Special Tables of Race/Ethnicity Estimates for Substance Use and Mental Health Indicators in the United States

Table B.1B Use of Tobacco Products or Nicotine Vaping, Tobacco Products, Cigarettes, or Nicotine Vaping in the Past Month: Among People Aged 12 or Older, by Race/Ethnicity, 2022

Characteristic	Tobacco Product Use or Nicotine Vaping ^{1,2}	Tobacco Products ¹	Cigarettes	Nicotine Vaping ²
TOTAL	22.7 (0.37)	18.1 (0.35)	14.6 (0.32)	8.3 (0.18)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	23.8 (0.40)	19.2 (0.39)	15.3 (0.35)	8.3 (0.20)
American Indian or Alaska Native	34.0 (3.29)	27.6 (3.18)	23.1 (2.88)	12.6 (1.88)
Asian	10.0 (0.92)	6.5 (0.79)	5.4 (0.73)	5.5 (0.64)
Black or African American	23.6 (0.85)	20.4 (0.82)	15.8 (0.76)	6.1 (0.36)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	10.4 (3.58)
White	24.7 (0.47)	19.9 (0.45)	15.9 (0.41)	8.9 (0.23)
Multiracial ³	32.4 (1.97)	23.4 (1.73)	20.9 (1.70)	13.7 (1.50)
Hispanic or Latino ⁴	17.7 (0.68)	13.0 (0.60)	11.0 (0.58)	8.3 (0.47)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

² Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.2B Type of Nicotine Product Use: Among Past Month Nicotine Product Users Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Only Nicotine Vaping ¹	Nicotine Vaping and Tobacco Products ^{1,2}	Only Tobacco Products ²
TOTAL	20.3 (0.56)	16.5 (0.50)	63.2 (0.71)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	19.3 (0.58)	15.9 (0.54)	64.9 (0.78)
American Indian or Alaska Native	18.7 (3.38)	18.3 (3.90)	63.0 (4.65)
Asian	34.6 (4.52)	20.1 (3.26)	45.2 (4.95)
Black or African American	13.6 (1.01)	12.2 (1.08)	74.2 (1.43)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)
White	19.4 (0.65)	16.5 (0.64)	64.1 (0.88)
Multiracial ³	27.8 (3.61)	14.4 (2.27)	57.7 (3.74)
Hispanic or Latino ⁴	26.5 (1.62)	20.4 (1.60)	53.2 (2.02)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses. Percentages in a racial or ethnic group may not add to 100 percent due to rounding.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Nicotine product use refers to using tobacco or nicotine vaping.

¹ Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

² Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.3B Use of Tobacco Products or Nicotine Vaping, Tobacco Products, Cigarettes, or Nicotine Vaping in the Past Month: Among People Aged 12 to 20; by Race/Ethnicity, 2022

Characteristic	Tobacco Product Use or Nicotine Vaping ^{1,2}	Tobacco Products ¹	Cigarettes	Nicotine Vaping ²
TOTAL	13.4 (0.41)	5.0 (0.28)	3.1 (0.22)	12.2 (0.39)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	14.2 (0.48)	5.3 (0.33)	3.3 (0.26)	12.9 (0.46)
American Indian or Alaska Native	20.5 (4.16)	7.2 (2.43)	5.3 (2.11)	17.9 (4.00)
Asian	5.6 (1.21)	1.9 (0.76)	1.2 (0.55)	5.4 (1.20)
Black or African American	10.7 (0.91)	4.0 (0.58)	1.3 (0.27)	8.8 (0.85)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)
White	15.9 (0.62)	6.0 (0.44)	4.1 (0.37)	14.8 (0.60)
Multiracial ³	17.3 (2.55)	5.7 (1.60)	3.9 (1.47)	14.6 (2.30)
Hispanic or Latino ⁴	11.3 (0.79)	4.1 (0.45)	2.6 (0.34)	10.3 (0.76)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Tobacco products include cigarettes, smokeless tobacco (such as snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. Use of any tobacco product does not include nicotine vaping because people could have used a vaping device to vape nicotine-containing products other than tobacco.

² Nicotine vaping refers to using an e-cigarette or other vaping device to vape nicotine or tobacco.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.4B Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Alcohol Use	Binge Alcohol Use	Heavy Alcohol Use
TOTAL	48.7 (0.42)	21.7 (0.31)	5.7 (0.16)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	49.9 (0.44)	21.3 (0.32)	5.8 (0.18)
American Indian or Alaska Native	35.5 (3.55)	25.5 (3.23)	8.0 (1.78)
Asian	36.7 (1.58)	10.3 (1.04)	1.9 (0.51)
Black or African American	41.6 (0.97)	20.9 (0.81)	4.2 (0.37)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)
White	53.4 (0.51)	22.5 (0.37)	6.6 (0.22)
Multiracial ¹	42.7 (2.18)	20.5 (1.63)	4.7 (0.88)
Hispanic or Latino ²	43.6 (1.01)	23.3 (0.81)	5.1 (0.41)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.5B Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 to 20; by Race/Ethnicity, 2022

Characteristic	Alcohol Use	Binge Alcohol Use	Heavy Alcohol Use
TOTAL	15.1 (0.45)	8.2 (0.36)	1.7 (0.18)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	15.7 (0.54)	8.5 (0.44)	1.8 (0.22)
American Indian or Alaska Native	11.8 (3.32)	10.0 (3.22)	* (*)
Asian	10.5 (1.95)	3.2 (0.92)	0.5 (0.27)
Black or African American	9.5 (0.91)	4.6 (0.61)	0.2 (0.14)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)
White	18.0 (0.67)	10.2 (0.56)	2.4 (0.30)
Multiracial ¹	17.1 (2.59)	9.2 (2.07)	2.4 (1.22)
Hispanic or Latino ²	13.5 (0.81)	7.2 (0.65)	1.2 (0.31)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.6B Marijuana Use and Marijuana Vaping in the Past Month: Among People Aged 12 or Older; Marijuana Vaping and Marijuana Use but Not Marijuana Vaping in the Past Month: Among Past Month Marijuana Users Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Marijuana Use	Marijuana Vaping ¹	PAST MONTH MARIJUANA USERS	
			Marijuana Vaping ^{1,2}	Marijuana Use but Not Marijuana Vaping ^{1,2}
TOTAL	15.0 (0.28)	5.2 (0.15)	34.7 (0.83)	65.3 (0.83)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	15.3 (0.30)	5.2 (0.16)	33.8 (0.90)	66.2 (0.90)
American Indian or Alaska Native	18.0 (2.18)	5.6 (0.98)	31.1 (4.99)	68.9 (4.99)
Asian	6.2 (0.90)	1.9 (0.41)	* (*)	* (*)
Black or African American	16.8 (0.74)	3.1 (0.30)	18.4 (1.69)	81.6 (1.69)
Native Hawaiian or Other Pacific Islander	9.3 (2.41)	5.0 (1.89)	* (*)	* (*)
White	15.6 (0.34)	5.8 (0.19)	37.3 (1.04)	62.7 (1.04)
Multiracial ³	24.6 (1.96)	8.2 (1.20)	33.3 (4.28)	66.7 (4.28)
Hispanic or Latino ⁴	13.5 (0.65)	5.3 (0.38)	39.6 (2.24)	60.4 (2.24)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

² The 2022 NSDUH collected data on the variety of methods that people used to consume marijuana in the past month. Estimates shown in these columns focus on whether marijuana vaping was a method of past month consumption among past month marijuana users.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.7B Illicit Drug, Marijuana, Cocaine, or Crack Use in the Past Year: Among People Aged 12 or Older, by Race/Ethnicity, 2022

Characteristic	Illicit Drug Use ^{1,2}	Marijuana	Cocaine	Crack
TOTAL	24.9 (0.35)	22.0 (0.33)	1.9 (0.10)	0.3 (0.04)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	25.3 (0.37)	22.3 (0.35)	1.9 (0.10)	0.4 (0.05)
American Indian or Alaska Native	31.7 (3.11)	27.3 (2.94)	2.3 (0.83)	0.3 (0.24)
Asian	13.6 (1.32)	11.2 (1.26)	0.9 (0.32)	* (*)
Black or African American	26.7 (0.91)	23.5 (0.84)	1.6 (0.25)	0.9 (0.21)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)
White	25.8 (0.43)	22.9 (0.40)	2.0 (0.12)	0.3 (0.05)
Multiracial ³	35.1 (2.19)	31.1 (2.14)	2.2 (0.60)	0.6 (0.28)
Hispanic or Latino ⁴	23.5 (0.80)	20.3 (0.78)	1.9 (0.33)	0.1 (0.05)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Illicit Drug Use includes the misuse of prescription psychotherapeutics (pain relievers, tranquilizers, stimulants, or sedatives) or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

² These estimates do not include illegally made fentanyl.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.8B Mode of Marijuana Use in the Past Year: Among Past Year Marijuana Users Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Smoking ¹	Vaping ²	Dabbing Waxes, Shatter, or Concentrates ¹	Eating or Drinking ¹	Other ^{1,3}
TOTAL	78.4 (0.69)	36.7 (0.75)	17.5 (0.52)	47.1 (0.79)	15.4 (0.56)
HISPANIC ORIGIN AND RACE					
Not Hispanic or Latino	77.9 (0.75)	35.9 (0.83)	17.3 (0.57)	48.1 (0.85)	15.5 (0.64)
American Indian or Alaska Native	88.1 (3.05)	32.3 (5.09)	25.6 (4.82)	33.2 (5.08)	16.6 (4.40)
Asian	68.7 (4.69)	34.0 (4.66)	12.4 (3.20)	57.3 (5.64)	* (*)
Black or African American	87.8 (1.33)	22.5 (1.54)	9.5 (0.89)	35.2 (1.76)	8.0 (0.99)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)	* (*)
White	75.7 (0.87)	38.7 (0.92)	18.8 (0.71)	50.6 (0.98)	16.7 (0.72)
Multiracial ⁴	87.9 (2.05)	36.5 (3.83)	24.4 (2.87)	45.7 (3.86)	18.7 (3.87)
Hispanic or Latino ⁵	80.9 (1.55)	40.6 (1.79)	18.6 (1.28)	42.1 (1.85)	15.0 (1.32)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents could indicate multiple modes of marijuana use; thus, these response categories are not mutually exclusive.

¹ Respondents with unknown modes of marijuana use information were excluded from the respective analyses.

² Marijuana vaping refers to using vape pens, dab pens, tabletop vaporizers, or portable vaporizers to vape marijuana.

³ Other modes include applying lotion, cream, or patches to skin; putting drops, strips, lozenges, or sprays in mouth or under tongue; taking pills; or some other way.

⁴ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.9B Methamphetamine, Hallucinogen, or Inhalant Use in the Past Year: Among People Aged 12 or Older, by Race/Ethnicity, 2022

Characteristic	Methamphetamine	Hallucinogens	Inhalants
TOTAL	1.0 (0.08)	3.0 (0.12)	0.8 (0.05)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	1.0 (0.08)	3.1 (0.12)	0.8 (0.06)
American Indian or Alaska Native	1.7 (0.69)	2.2 (0.58)	0.7 (0.32)
Asian	0.5 (0.28)	2.2 (0.45)	1.0 (0.27)
Black or African American	0.4 (0.12)	2.1 (0.24)	0.5 (0.09)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	0.0 (0.03)
White	1.1 (0.11)	3.3 (0.15)	0.8 (0.07)
Multiracial ¹	1.5 (0.43)	4.5 (0.77)	1.2 (0.45)
Hispanic or Latino ²	0.8 (0.19)	2.8 (0.29)	0.8 (0.10)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates of 0.0 percent round to less than 0.1 percent when shown to the nearest tenth of a percent.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.10B Prescription Stimulant Misuse, Prescription Tranquilizer or Sedative Misuse, or Prescription Benzodiazepine Misuse in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Prescription Stimulant Misuse	Prescription Tranquilizer or Sedative Misuse	Prescription Benzodiazepine Misuse
TOTAL	1.5 (0.07)	1.7 (0.09)	1.3 (0.08)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	1.5 (0.08)	1.8 (0.10)	1.4 (0.08)
American Indian or Alaska Native	0.9 (0.30)	1.5 (0.52)	0.8 (0.36)
Asian	0.7 (0.18)	0.7 (0.23)	0.6 (0.22)
Black or African American	0.9 (0.18)	1.1 (0.19)	0.7 (0.14)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)
White	1.7 (0.10)	2.0 (0.13)	1.5 (0.11)
Multiracial ¹	2.3 (0.58)	2.5 (0.60)	2.0 (0.53)
Hispanic or Latino ²	1.4 (0.19)	1.5 (0.19)	1.1 (0.15)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.11B Prescription Pain Reliever Misuse, Opioid Misuse, or Central Nervous System Stimulant Misuse in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Prescription Pain Reliever Misuse	Opioid Misuse ¹	Central Nervous System Stimulant Misuse
TOTAL	3.0 (0.12)	3.2 (0.12)	3.6 (0.13)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	2.9 (0.12)	3.1 (0.13)	3.6 (0.15)
American Indian or Alaska Native	5.1 (1.74)	5.4 (1.74)	3.4 (0.89)
Asian	1.4 (0.33)	1.5 (0.34)	1.5 (0.39)
Black or African American	3.8 (0.38)	4.1 (0.41)	2.6 (0.31)
Native Hawaiian or Other Pacific Islander	1.8 (0.97)	5.0 (2.49)	* (*)
White	2.8 (0.14)	3.0 (0.14)	3.9 (0.17)
Multiracial ²	4.4 (0.87)	4.5 (0.88)	5.0 (0.86)
Hispanic or Latino ³	3.3 (0.31)	3.4 (0.32)	3.6 (0.41)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ These estimates do not include illegally made fentanyl.

² Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

³ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.12B Perceived Great Risk of Harm Associated with Selected Substance Use: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Smoke One or More Packs of Cigarettes per Day	Smoke Marijuana Once or Twice a Week	Use Cocaine Once or Twice a Week	Use Heroin Once or Twice a Week	Have Four or Five Drinks of Alcohol Nearly Every Day
TOTAL	68.5 (0.38)	25.0 (0.39)	83.2 (0.30)	91.9 (0.20)	68.5 (0.37)
HISPANIC ORIGIN AND RACE					
Not Hispanic or Latino	68.3 (0.42)	23.2 (0.39)	83.4 (0.31)	92.3 (0.21)	68.1 (0.40)
American Indian or Alaska Native	62.1 (3.53)	25.9 (3.27)	79.3 (2.98)	88.6 (1.76)	63.0 (3.51)
Asian	74.3 (1.55)	44.2 (1.64)	85.5 (1.33)	88.7 (1.21)	74.5 (1.54)
Black or African American	68.5 (0.94)	24.9 (0.86)	82.5 (0.77)	88.2 (0.63)	69.8 (0.87)
Native Hawaiian or Other Pacific Islander	66.1 (5.35)	* (*)	* (*)	85.3 (4.24)	* (*)
White	67.8 (0.47)	20.8 (0.43)	83.5 (0.36)	93.6 (0.23)	67.2 (0.46)
Multiracial ¹	66.9 (1.82)	17.6 (1.61)	83.0 (1.44)	91.4 (0.91)	67.7 (1.98)
Hispanic or Latino ²	69.2 (0.85)	33.5 (1.01)	82.2 (0.74)	90.0 (0.52)	70.5 (0.79)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents with unknown Perception of Great Risk data were excluded.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.13B Perceived Great Risk of Harm Associated with Selected Substance Use: Among Adolescents Aged 12 to 17, by Race/Ethnicity, 2022

Characteristic	Smoke One or More Packs of Cigarettes per Day	Smoke Marijuana Once or Twice a Week	Use Cocaine Once or Twice a Week	Use Heroin Once or Twice a Week	Have Four or Five Drinks of Alcohol Nearly Every Day
TOTAL	60.5 (0.69)	31.4 (0.66)	76.3 (0.59)	76.0 (0.58)	64.2 (0.67)
HISPANIC ORIGIN AND RACE					
Not Hispanic or Latino	61.3 (0.76)	31.8 (0.74)	76.9 (0.64)	76.5 (0.65)	64.6 (0.73)
American Indian or Alaska Native	63.7 (4.85)	* (*)	73.0 (4.77)	69.2 (5.32)	57.4 (4.96)
Asian	66.0 (2.94)	45.6 (3.23)	75.5 (2.65)	73.6 (2.77)	75.1 (2.89)
Black or African American	55.0 (1.68)	28.5 (1.57)	72.1 (1.54)	67.9 (1.73)	64.2 (1.62)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)	* (*)
White	61.9 (0.88)	31.2 (0.85)	78.3 (0.76)	79.4 (0.72)	63.5 (0.92)
Multiracial ¹	68.3 (2.83)	29.1 (2.89)	78.7 (2.14)	76.4 (2.51)	65.3 (3.11)
Hispanic or Latino ²	58.2 (1.55)	30.2 (1.42)	74.5 (1.41)	74.6 (1.36)	63.0 (1.51)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents with unknown Perception of Great Risk data were excluded.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.14B Substance Use Disorder, Alcohol Use Disorder, Drug Use Disorder, or Marijuana Use Disorder in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Substance Use Disorder	Alcohol Use Disorder	Drug Use Disorder	Marijuana Use Disorder
TOTAL	17.3 (0.27)	10.5 (0.22)	9.7 (0.22)	6.7 (0.17)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	17.2 (0.30)	10.4 (0.23)	9.6 (0.23)	6.6 (0.18)
American Indian or Alaska Native	24.0 (3.15)	10.5 (1.64)	17.3 (2.97)	11.0 (1.80)
Asian	9.0 (1.02)	5.6 (0.79)	4.9 (0.89)	3.3 (0.80)
Black or African American	18.4 (0.78)	10.5 (0.59)	11.5 (0.64)	8.0 (0.47)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	8.9 (3.00)
White	17.6 (0.34)	10.9 (0.29)	9.4 (0.26)	6.4 (0.20)
Multiracial ¹	21.8 (1.78)	10.4 (1.25)	15.7 (1.60)	12.6 (1.32)
Hispanic or Latino ²	17.4 (0.70)	10.8 (0.59)	9.9 (0.55)	7.2 (0.45)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.15B Prescription Pain Reliever Use Disorder, Opioid Use Disorder, or Central Nervous System Stimulant Use Disorder in the Past Year: Among People Aged 12 or Older; by Race/Ethnicity, 2022

Characteristic	Prescription Pain Reliever Use Disorder	Opioid Use Disorder ¹	Central Nervous System Stimulant Use Disorder
TOTAL	2.0 (0.11)	2.2 (0.12)	1.6 (0.09)
HISPANIC ORIGIN AND RACE			
Not Hispanic or Latino	2.0 (0.12)	2.2 (0.13)	1.6 (0.10)
American Indian or Alaska Native	6.2 (2.72)	6.6 (2.73)	2.1 (0.57)
Asian	1.1 (0.35)	1.2 (0.36)	0.8 (0.32)
Black or African American	2.6 (0.36)	3.0 (0.40)	1.2 (0.22)
Native Hawaiian or Other Pacific Islander	4.2 (2.28)	5.3 (2.54)	* (*)
White	1.9 (0.13)	2.0 (0.14)	1.7 (0.11)
Multiracial ²	2.7 (0.98)	3.0 (0.99)	2.3 (0.50)
Hispanic or Latino ³	2.0 (0.29)	2.0 (0.30)	1.6 (0.24)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Opioid use disorder does not take into account data from respondents who reported the use of illegally made fentanyl (IMF) because the questions for IMF were asked in a later section of the questionnaire.

² Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

³ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.16B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2022

Characteristic	MDE		MDE with Severe Impairment ¹	
TOTAL	19.5	(0.54)	14.6	(0.50)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	19.5	(0.62)	14.5	(0.56)
American Indian or Alaska Native	14.1	(3.73)	9.7	(3.47)
Asian	14.9	(2.20)	11.0	(1.81)
Black or African American	16.7	(1.39)	11.9	(1.19)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	21.0	(0.78)	15.9	(0.72)
Multiracial ²	19.1	(2.46)	12.7	(1.59)
Hispanic or Latino ³	19.5	(1.16)	14.7	(1.06)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. Respondents with unknown past year MDE data were excluded.

¹ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

² Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

³ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.17B Major Depressive Episode (MDE) or MDE with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	MDE		MDE with Severe Impairment ¹	
TOTAL	8.8	(0.20)	6.2	(0.17)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	8.8	(0.22)	6.2	(0.19)
American Indian or Alaska Native	7.6	(1.45)	5.2	(1.27)
Asian	6.3	(0.92)	5.1	(0.84)
Black or African American	6.6	(0.48)	4.9	(0.41)
Native Hawaiian or Other Pacific Islander	*	(*)	2.8	(1.56)
White	9.2	(0.25)	6.4	(0.21)
Multiracial ²	16.4	(1.85)	13.4	(1.75)
Hispanic or Latino ³	8.8	(0.51)	6.2	(0.44)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adult's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment.

² Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

³ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.18B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	Any Mental Illness		Serious Mental Illness	
TOTAL	23.1	(0.34)	6.0	(0.17)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	23.5	(0.37)	6.1	(0.19)
American Indian or Alaska Native	19.6	(2.31)	7.3	(1.38)
Asian	16.8	(1.37)	4.1	(0.60)
Black or African American	19.7	(0.85)	4.7	(0.38)
Native Hawaiian or Other Pacific Islander	*	(*)	3.5	(1.91)
White	24.6	(0.44)	6.5	(0.22)
Multiracial ¹	35.2	(2.27)	11.8	(1.52)
Hispanic or Latino ²	21.4	(0.80)	5.3	(0.41)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental Illness aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.19B Substance Use Disorder (SUD) or Major Depressive Episode (MDE) in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2022

Characteristic	SUD or MDE	SUD but No MDE ¹	MDE but No SUD ¹	Co-Occurring SUD and MDE ¹	Co-Occurring SUD and MDE with Severe Impairment ²
TOTAL	24.7 (0.58)	4.9 (0.32)	15.8 (0.49)	3.7 (0.25)	3.0 (0.23)
HISPANIC ORIGIN AND RACE					
Not Hispanic or Latino	24.3 (0.65)	4.6 (0.33)	15.9 (0.56)	3.6 (0.28)	2.9 (0.24)
American Indian or Alaska Native	24.3 (4.73)	8.9 (3.32)	11.9 (3.66)	2.1 (0.67)	1.5 (0.54)
Asian	17.6 (2.39)	2.6 (1.15)	13.9 (2.19)	1.0 (0.39)	1.0 (0.39)
Black or African American	23.2 (1.43)	5.9 (0.75)	14.1 (1.32)	2.6 (0.52)	2.1 (0.48)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)	* (*)
White	25.4 (0.82)	4.2 (0.37)	16.8 (0.70)	4.3 (0.37)	3.4 (0.33)
Multiracial ³	26.0 (2.75)	6.9 (1.83)	15.5 (2.31)	3.5 (0.92)	2.7 (0.78)
Hispanic or Latino ⁴	25.9 (1.32)	6.0 (0.84)	15.5 (1.01)	4.0 (0.54)	3.5 (0.49)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).

NOTE: MDE estimates are based on criteria from DSM-5.

¹ Respondents with unknown past year MDE data were excluded.

² Impairment is based on the Sheehan Disability Scale role domains, which measure the impact of a disorder on an adolescent's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings ≥ 7 on a 0 to 10 scale were considered Severe Impairment. Respondents with unknown impairment data were excluded.

³ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.20B Substance Use Disorder (SUD) or Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	SUD or AMI	SUD but No AMI	AMI but No SUD	Co-Occurring SUD and AMI
TOTAL	32.9 (0.39)	9.7 (0.23)	14.7 (0.27)	8.4 (0.19)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	33.1 (0.42)	9.6 (0.25)	15.0 (0.30)	8.5 (0.21)
American Indian or Alaska Native	35.9 (3.82)	16.3 (3.46)	9.8 (1.70)	9.7 (1.58)
Asian	22.5 (1.49)	5.7 (0.98)	12.9 (1.24)	3.8 (0.59)
Black or African American	31.3 (1.04)	11.6 (0.71)	11.9 (0.66)	7.9 (0.53)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	* (*)
White	34.0 (0.50)	9.4 (0.29)	15.7 (0.34)	8.9 (0.25)
Multiracial ¹	46.4 (2.37)	11.2 (1.45)	22.7 (1.99)	12.5 (1.64)
Hispanic or Latino ²	31.7 (0.93)	10.4 (0.61)	13.2 (0.71)	8.2 (0.48)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: AMI aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.21B Substance Use Disorder (SUD) or Serious Mental Illness (SMI) in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	SUD or SMI	SUD but No SMI	SMI but No SUD	Co-Occurring SUD and SMI
TOTAL	21.2 (0.32)	15.3 (0.28)	3.1 (0.13)	2.9 (0.12)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	21.3 (0.34)	15.2 (0.30)	3.3 (0.15)	2.9 (0.13)
American Indian or Alaska Native	28.2 (3.52)	20.9 (3.54)	2.1 (0.69)	5.2 (1.22)
Asian	12.5 (1.12)	8.4 (1.07)	2.9 (0.49)	1.1 (0.36)
Black or African American	21.4 (0.89)	16.7 (0.82)	2.0 (0.26)	2.7 (0.30)
Native Hawaiian or Other Pacific Islander	* (*)	* (*)	* (*)	2.5 (1.58)
White	21.8 (0.40)	15.3 (0.34)	3.5 (0.17)	3.0 (0.15)
Multiracial ¹	30.1 (2.20)	18.3 (1.86)	6.4 (1.27)	5.4 (0.94)
Hispanic or Latino ²	20.9 (0.82)	15.7 (0.76)	2.4 (0.29)	2.9 (0.28)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: SMI aligns with criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.22B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	5.2	(0.16)	1.5	(0.07)	0.6	(0.05)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	5.3	(0.17)	1.5	(0.08)	0.6	(0.06)
American Indian or Alaska Native	7.0	(1.20)	2.5	(0.63)	1.5	(0.53)
Asian	3.4	(0.48)	0.8	(0.19)	0.2	(0.08)
Black or African American	5.5	(0.44)	1.8	(0.25)	0.9	(0.16)
Native Hawaiian or Other Pacific Islander	*	(*)	0.1	(0.12)	0.1	(0.11)
White	5.2	(0.20)	1.4	(0.09)	0.6	(0.07)
Multiracial ¹	9.3	(1.33)	2.9	(0.58)	1.5	(0.38)
Hispanic or Latino ²	4.6	(0.38)	1.4	(0.18)	0.6	(0.09)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.23B Had Serious Thoughts of Suicide, Made Any Suicide Plans, or Attempted Suicide in the Past Year: Among Adolescents Aged 12 to 17; by Race/Ethnicity, 2022

Characteristic	Had Serious Thoughts of Suicide in the Past Year		Made Any Suicide Plans in the Past Year		Attempted Suicide in the Past Year	
TOTAL	13.4	(0.44)	6.5	(0.34)	3.7	(0.28)
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	13.7	(0.49)	6.8	(0.38)	3.7	(0.30)
American Indian or Alaska Native	8.2	(3.02)	*	(*)	2.3	(1.16)
Asian	12.3	(2.01)	5.0	(1.43)	2.6	(1.20)
Black or African American	12.2	(1.14)	7.5	(0.96)	4.7	(0.72)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)	*	(*)
White	14.2	(0.61)	6.8	(0.45)	3.4	(0.36)
Multiracial ¹	15.2	(2.25)	6.8	(1.33)	5.8	(1.35)
Hispanic or Latino ²	12.6	(0.98)	5.7	(0.72)	3.8	(0.60)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents who answered “Not Sure/Don’t Know” or “Don’t Want to Answer/Refuse” were included in the analysis.

¹ Multiracial refers to people not of Hispanic or Latino ethnicity who reported two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.24B Need for Substance Use Treatment or Receipt of Substance Use Treatment in the Past Year: Among People Aged 12 or Older, by Race/Ethnicity, 2022

Characteristic	Needed Substance Use Treatment ¹	Received Substance Use Treatment	Received Substance Use Treatment among People Who Needed Substance Use Treatment ¹	Received Substance Use Treatment among People Who Had an SUD in the Past Year ^{1,2,3}	Received Substance Use Treatment among People without an SUD in the Past Year ²
TOTAL	19.4 (0.29)	4.6 (0.16)	24.0 (0.73)	14.9 (0.64)	2.5 (0.13)
HISPANIC ORIGIN AND RACE					
Not Hispanic or Latino	19.3 (0.31)	4.8 (0.18)		15.4 (0.73)	2.5 (0.15)
American Indian or Alaska Native	28.0 (3.36)	8.6 (2.19)	*	*	5.3 (2.04)
Asian	10.0 (1.05)	2.3 (0.63)	*	*	1.1 (0.29)
Black or African American	20.4 (0.82)	4.6 (0.38)	22.5 (1.76)	14.0 (1.50)	2.5 (0.32)
Native Hawaiian or Other Pacific Islander	*	*	*	*	*
White	19.8 (0.37)	4.9 (0.21)	24.9 (0.94)	15.6 (0.84)	2.6 (0.17)
Multiracial ⁴	24.1 (1.85)	5.9 (0.96)	24.6 (3.65)	16.7 (2.82)	2.9 (0.96)
Hispanic or Latino ⁵	19.4 (0.76)	4.2 (0.35)	21.4 (1.61)	12.5 (1.34)	2.4 (0.30)

* Low precision; no estimate reported.

SUD = substance use disorder.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Because of the proportion of respondents in the “substance unspecified” category for treatment, the estimates in this table have added uncertainty. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

¹ Respondents were classified as needing substance use treatment if they met the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), criteria for an SUD or received treatment in the past year for their alcohol or drug use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

² SUD estimates are based on criteria from DSM-5.

³ As indicated in footnote 1, people who had an SUD in the past year also needed substance use treatment.

⁴ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.25B Received Substance Use Treatment through Telehealth in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); by Race/Ethnicity, 2022

Characteristic	Received Substance Use Treatment through Telehealth among People with an SUD	
TOTAL	5.3	(0.36)
HISPANIC ORIGIN AND RACE		
Not Hispanic or Latino	5.7	(0.40)
American Indian or Alaska Native	5.5	(1.86)
Asian	2.1	(1.16)
Black or African American	4.3	(0.85)
Native Hawaiian or Other Pacific Islander	*	(*)
White	6.1	(0.47)
Multiracial ¹	5.8	(1.72)
Hispanic or Latino ²	3.8	(0.75)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

NOTE: SUD estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.26B Did Not Perceive Need for Substance Use Treatment in the Past Year: Among People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment; by Race/Ethnicity and Age Group, 2022

Characteristic	Did Not Perceive Need for Substance Use Treatment			
	Aged 12 to 17		Aged 18 or Older	
TOTAL	97.5	(0.74)	94.7	(0.46)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	97.0	(0.99)	95.0	(0.43)
American Indian or Alaska Native	*	(*)	*	(*)
Asian	*	(*)	96.8	(1.50)
Black or African American	*	(*)	95.1	(1.34)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	97.0	(1.23)	95.0	(0.47)
Multiracial ¹	*	(*)	92.9	(2.60)
Hispanic or Latino ²	98.8	(0.87)	93.0	(1.51)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Substance use disorder estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

NOTE: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.

NOTE: Respondents with unknown information for perceptions of need for substance use treatment were excluded.

¹ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

² People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.27B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	Mental Health Treatment	Inpatient ¹	Outpatient ²	Outpatient, Other Than General Medical Clinic or Doctor's Office ²	Prescription Medication	Telehealth Treatment ³	Prison, Jail, or Juvenile Detention Center
TOTAL	21.8 (0.34)	1.3 (0.09)	13.7 (0.28)	10.7 (0.23)	15.2 (0.27)	12.1 (0.26)	0.9 (0.07)
HISPANIC ORIGIN AND RACE							
Not Hispanic or Latino	23.3 (0.37)	1.3 (0.10)	14.5 (0.31)	11.3 (0.26)	16.6 (0.31)	12.7 (0.29)	0.9 (0.07)
American Indian or Alaska Native	11.6 (1.88)	1.0 (0.54)	6.3 (1.19)	5.4 (1.08)	8.2 (1.60)	6.6 (1.36)	1.0 (0.44)
Asian	12.3 (1.21)	0.6 (0.21)	8.2 (1.00)	6.8 (0.93)	6.0 (0.77)	8.0 (1.04)	0.5 (0.22)
Black or African American	15.3 (0.84)	2.4 (0.32)	9.7 (0.67)	7.4 (0.59)	7.7 (0.53)	7.6 (0.55)	0.9 (0.16)
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*
White	25.9 (0.44)	1.2 (0.12)	16.0 (0.37)	12.4 (0.32)	19.5 (0.39)	14.0 (0.34)	0.9 (0.08)
Multiracial ⁴	28.6 (2.28)	1.3 (0.33)	19.8 (2.13)	15.7 (1.84)	16.5 (1.71)	17.9 (1.89)	0.9 (0.39)
Hispanic or Latino ⁵	14.6 (0.72)	1.3 (0.22)	9.8 (0.60)	7.9 (0.52)	8.4 (0.54)	9.4 (0.57)	1.0 (0.21)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

¹ Inpatient locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

² Outpatient locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

³ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

⁴ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.28B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with a Major Depressive Episode (MDE) in the Past Year; by Race/Ethnicity, 2022

Characteristic	Mental Health Treatment	Inpatient ¹	Outpatient ²	Outpatient, Other Than General Medical Clinic or Doctor's Office ²	Prescription Medication	Telehealth Treatment ³	Prison, Jail, or Juvenile Detention Center
TOTAL	61.5 (1.15)	5.1 (0.54)	46.1 (1.16)	39.4 (1.11)	47.4 (1.19)	43.6 (1.15)	2.5 (0.37)
HISPANIC ORIGIN AND RACE							
Not Hispanic or Latino	64.0 (1.25)	5.4 (0.60)	48.2 (1.29)	40.7 (1.20)	50.4 (1.31)	45.0 (1.26)	2.4 (0.36)
American Indian or Alaska Native	*	*	*	*	*	*	*
Asian	*	4.7 (2.48)	*	*	*	*	*
Black or African American	51.2 (3.57)	8.2 (2.23)	33.8 (3.56)	28.0 (3.13)	37.7 (3.63)	37.7 (3.32)	3.9 (1.45)
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*
White	66.6 (1.35)	5.3 (0.67)	50.9 (1.42)	42.6 (1.36)	54.1 (1.43)	45.4 (1.44)	2.1 (0.34)
Multiracial ⁴	68.6 (5.04)	2.6 (0.88)	51.1 (6.05)	43.4 (5.63)	*	59.3 (5.47)	*
Hispanic or Latino ⁵	49.7 (3.18)	3.6 (1.28)	36.1 (3.02)	33.2 (2.99)	32.8 (2.83)	37.2 (2.96)	2.8 (1.35)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: MDE estimates are based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

¹ Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

² Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

³ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

⁴ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.29B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness (AMI) in the Past Year; by Race/Ethnicity, 2022

Characteristic	Mental Health Treatment	Inpatient ¹	Outpatient ²	Outpatient, Other Than General Medical Clinic or Doctor's Office ²	Prescription Medication	Telehealth Treatment ³	Prison, Jail, or Juvenile Detention Center
TOTAL	50.6 (0.76)	3.6 (0.30)	35.4 (0.67)	29.2 (0.63)	38.5 (0.72)	33.1 (0.67)	2.2 (0.22)
HISPANIC ORIGIN AND RACE							
Not Hispanic or Latino	52.6 (0.81)	3.6 (0.33)	36.8 (0.73)	30.0 (0.68)	40.8 (0.79)	33.8 (0.74)	2.2 (0.23)
American Indian or Alaska Native	*	*	(*)	(*)	26.4 (5.06)	20.6 (4.57)	2.1 (1.01)
Asian	36.1 (3.84)	2.3 (1.02)	26.5 (3.32)	25.1 (3.36)	21.5 (3.30)	28.5 (3.54)	1.7 (1.08)
Black or African American	37.9 (2.35)	5.7 (1.06)	24.2 (1.98)	19.4 (1.77)	24.3 (1.93)	24.5 (1.99)	2.9 (0.66)
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*
White	56.1 (0.88)	3.5 (0.37)	39.5 (0.83)	32.0 (0.78)	45.2 (0.90)	35.6 (0.82)	2.0 (0.24)
Multiracial ⁴	56.0 (3.85)	2.2 (0.66)	40.2 (4.15)	31.8 (3.71)	34.8 (3.91)	40.1 (4.02)	1.8 (1.04)
Hispanic or Latino ⁵	39.6 (2.05)	3.6 (0.71)	28.1 (1.86)	25.2 (1.76)	26.1 (1.79)	29.2 (1.82)	1.9 (0.61)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: AMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

² Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

³ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

⁴ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.30B Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the Past Year; by Race/Ethnicity, 2022

Characteristic	Mental Health Treatment	Inpatient ¹	Outpatient ²	Outpatient, Other Than General Medical Clinic or Doctor's Office ²	Prescription Medication	Telehealth Treatment ³	Prison, Jail, or Juvenile Detention Center
TOTAL	66.7 (1.31)	7.3 (0.79)	51.0 (1.35)	44.2 (1.33)	53.8 (1.37)	49.0 (1.36)	3.8 (0.55)
HISPANIC ORIGIN AND RACE							
Not Hispanic or Latino	68.1 (1.43)	7.3 (0.82)	52.1 (1.47)	44.3 (1.43)	55.7 (1.49)	49.5 (1.49)	3.6 (0.52)
American Indian or Alaska Native	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*
Black or African American	52.3 (4.40)	10.4 (3.05)	33.6 (4.37)	30.1 (4.22)	41.4 (4.38)	37.3 (4.29)	5.7 (2.00)
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*
White	71.4 (1.61)	7.2 (0.92)	55.1 (1.70)	46.4 (1.66)	59.7 (1.70)	50.8 (1.73)	3.1 (0.50)
Multiracial ⁴	73.9 (5.24)	3.8 (1.26)	*	*	*	*	*
Hispanic or Latino ⁵	58.4 (3.74)	7.4 (2.31)	45.3 (3.64)	43.1 (3.68)	43.0 (3.74)	46.2 (3.76)	5.1 (2.25)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

NOTE: Respondents could indicate multiple treatment types/locations; thus, these response categories are not mutually exclusive.

NOTE: SMI aligns with criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status.

¹ Inpatient treatment locations were places where people stayed overnight or longer to receive mental health treatment, including hospitals where people stayed as inpatients, residential mental health treatment centers, residential drug or alcohol rehabilitation or treatment centers, or some other place where people stayed overnight or longer to receive treatment.

² Outpatient treatment locations were places where people received mental health treatment without needing to stay overnight, including outpatient mental health treatment centers; outpatient drug or alcohol rehabilitation or treatment centers; the office of a therapist, psychologist, psychiatrist, or substance use treatment professional; general medical clinics or doctor's offices; hospitals where people received treatment as outpatients; school health or counseling centers; or some other place where people received treatment as outpatients.

³ Respondents who reported that they received telehealth treatment (i.e., over the phone or through video) were not asked for the type or location of providers for the telehealth treatment they received.

⁴ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁵ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.31B Perceived Ever Having Had a Substance Use Problem or a Mental Health Issue: Among Adults Aged 18 or Older; by Race/Ethnicity, 2022

Characteristic	Ever Had a Substance Use Problem ¹		Ever Had a Mental Health Issue ²	
TOTAL	11.8	(0.25)	24.5	(0.35)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	12.4	(0.27)	25.7	(0.39)
American Indian or Alaska Native	17.6	(3.14)	19.6	(3.16)
Asian	3.7	(0.61)	15.8	(1.36)
Black or African American	7.2	(0.60)	16.0	(0.73)
Native Hawaiian or Other Pacific Islander	8.2	(3.00)	*	(*)
White	14.1	(0.34)	28.4	(0.47)
Multiracial ³	14.7	(1.69)	33.9	(2.33)
Hispanic or Latino ⁴	9.1	(0.66)	18.6	(0.82)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

¹ Excluded were respondents with unknown information for ever having a problem with their drug or alcohol use.

² Excluded were respondents with unknown information for ever having a problem with their mental health.

³ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

Table B.32B Perceived Recovery from a Substance Use Problem: Among Adults Aged 18 or Older Who Perceived Ever Having Had a Substance Use Problem and Perceived Recovery from a Mental Health Issue among Adults Aged 18 or Older Who Perceived Ever Having Had a Mental Health Issue; by Race/Ethnicity, 2022

Characteristic	In Recovery from a Substance Use Problem ¹		In Recovery from a Mental Health Issue ²	
TOTAL	71.0	(0.99)	65.8	(0.63)
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	71.2	(1.06)	65.8	(0.69)
American Indian or Alaska Native	*	(*)	*	(*)
Asian	*	(*)	67.6	(3.51)
Black or African American	68.7	(3.93)	65.9	(2.39)
Native Hawaiian or Other Pacific Islander	*	(*)	*	(*)
White	71.9	(1.15)	65.8	(0.74)
Multiracial ³	*	(*)	62.4	(3.58)
Hispanic or Latino ⁴	69.6	(3.22)	66.1	(1.95)

* Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2022 Detailed Tables.

NOTE: Estimates in this table exclude a subset of respondents who did not complete the questionnaire. The analysis weights and estimates were adjusted for the reduced sample size. See the *2022 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions* at <https://www.samhsa.gov/data/report/2022-methodological-summary-and-definitions> for details.

¹ Respondents were asked if they perceived themselves to be in recovery or to have recovered from a substance use problem only if they reported ever having a drug or alcohol use problem. Excluded were respondents with unknown information for ever having a substance use problem or for perceived recovery from their substance use problem.

² Respondents were asked if they perceived themselves to be in recovery or to have recovered from a mental health issue only if they reported ever having a mental health issue. Excluded were respondents with unknown information for ever having a mental health issue or for perceived recovery from their mental health issue.

³ Multiracial refers to people (not of Hispanic or Latino ethnicity) reporting two or more races.

⁴ People who reported Hispanic or Latino ethnicity could be of any race.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022.

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